

Complaints Report

Quarter 3, 2015/2016

(1 October to 31 December 2015)

Author: Tanya Tofts, Patient Support and Complaints Manager

Overview

Successes	Priorities
<ul style="list-style-type: none"> • Complaints received by the Bristol Eye Hospital decreased for the second consecutive quarter, from 71 in Q1 to 56 in Q2 and 49 in Q3; • Complaints received by the Bristol Heart Institute Outpatients Department reduced by 42% compared to the previous quarter; • There was a significant decrease in the number of complaints received by the Ear Nose and Throat service, from 36 in Q2 to 13 in Q3; • The Emergency Department at Bristol Royal Infirmary received half the number of complaints in Q3 that it received in Q2. • Training on investigating and responding to complaints rolled out to all Divisions, to staff at Bristol Dental Hospital, and as part of preceptorship training for new nursing staff. 	<ul style="list-style-type: none"> • Significantly reduce the number of complaint responses that breach the agreed deadline; • Reduce the number of cases where the deadline agreed with the complainant is extended; • Continue to improve the quality of response letters and in doing so, reduce the amount of dissatisfied cases; • Reduce the amount of amendments that the Executives need to make to response letters; • Divisions to identify reasons for and reduce numbers of complaints received by Trauma and Orthopaedics; Upper GI; Cardiology GUCH services and Radiology services
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Roll out new training focused specifically on how to write a good response letter across all Divisions; • Continue training on investigating and responding to complaints across all Divisions; • Patient Support and Complaints Manager to work more closely with Divisions in order to share learning from complaints Trustwide, for example, reviewing outpatient complaints to identify trends in complaints and learning from those departments that are not receiving so many (or any) complaints . • Report on lessons learned from complaints upheld or partially upheld by the PHSO. 	<ul style="list-style-type: none"> • Managers responsible for investigating complaints and drafting response letters have not received appropriate and up to date training; • Complaints investigations and responses not being given appropriate priority due to winter pressures/black escalation; • Ongoing sickness absence in the Patient Support and Complaints Team leading to a backlog of complaints; • Managers not responding to informal complaints in a timely manner; • Risk of new Datix complaints database slowing down processing of complaints whilst staff get used to new system.

1. Complaints performance – Trust overview

The Board monitors three indicators of how well the Trust is doing in respect of complaints performance:

- Total complaints received, as a proportion of activity
- Proportion of complaints responded to within timescale
- Numbers of complainants who are dissatisfied with our response

The table on page 5 of this report provides a comprehensive 13 month overview of complaints performance including all three key indicators. The change to the way in which dissatisfied cases is recorded shown with effect from April 2015.

2.1 Total complaints received

The Trust's preferred way of expressing the volume of complaints it receives is as a proportion of patient activity, i.e. total inpatient admissions and outpatient attendances in a given month.

We received 446 complaints in Q3, which equates to 0.23% of patient activity. This includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)²; the figures do not include concerns which may be raised by patients and dealt with immediately by front line staff. The volume of complaints received in Q3 represents a decrease of approximately 20% compared to Q2 (560) and a 6% increase on the corresponding period a year ago.

2.2 Complaints responses within agreed timescale

Whenever a complaint is managed through the formal resolution process, the Trust and the complainant agree a timescale within which we will investigate the complaint and write to the complainant with, or arrange a meeting to discuss, our findings. The timescale is agreed with the complainant upon receipt of the complaint and is usually 30 working days.

The Trust's target is to respond to at least 95% of complainants within the agreed timescale. The end point is measured as the date when the Trust's response is posted to the complainant. In Q3, only 56.5% of responses were posted within the agreed timescale, compared to 83.9% in Q2 and 84.9% in Q1. This represents 70 breaches out of 161 formal complaints which were due to receive a response during Q3³. Figure 1 shows the Trust's performance in responding to complaints since September 2014.

² Informal complaints are dealt with quickly via direct contact with the appropriate department, whereas formal complaints are dealt with by way of a formal investigation via the Division.

³ Note that this will be a different figure to the number of complainants who *made* a complaint in that quarter.

Figure 1: Percentage of complaints responded to within agreed timescale

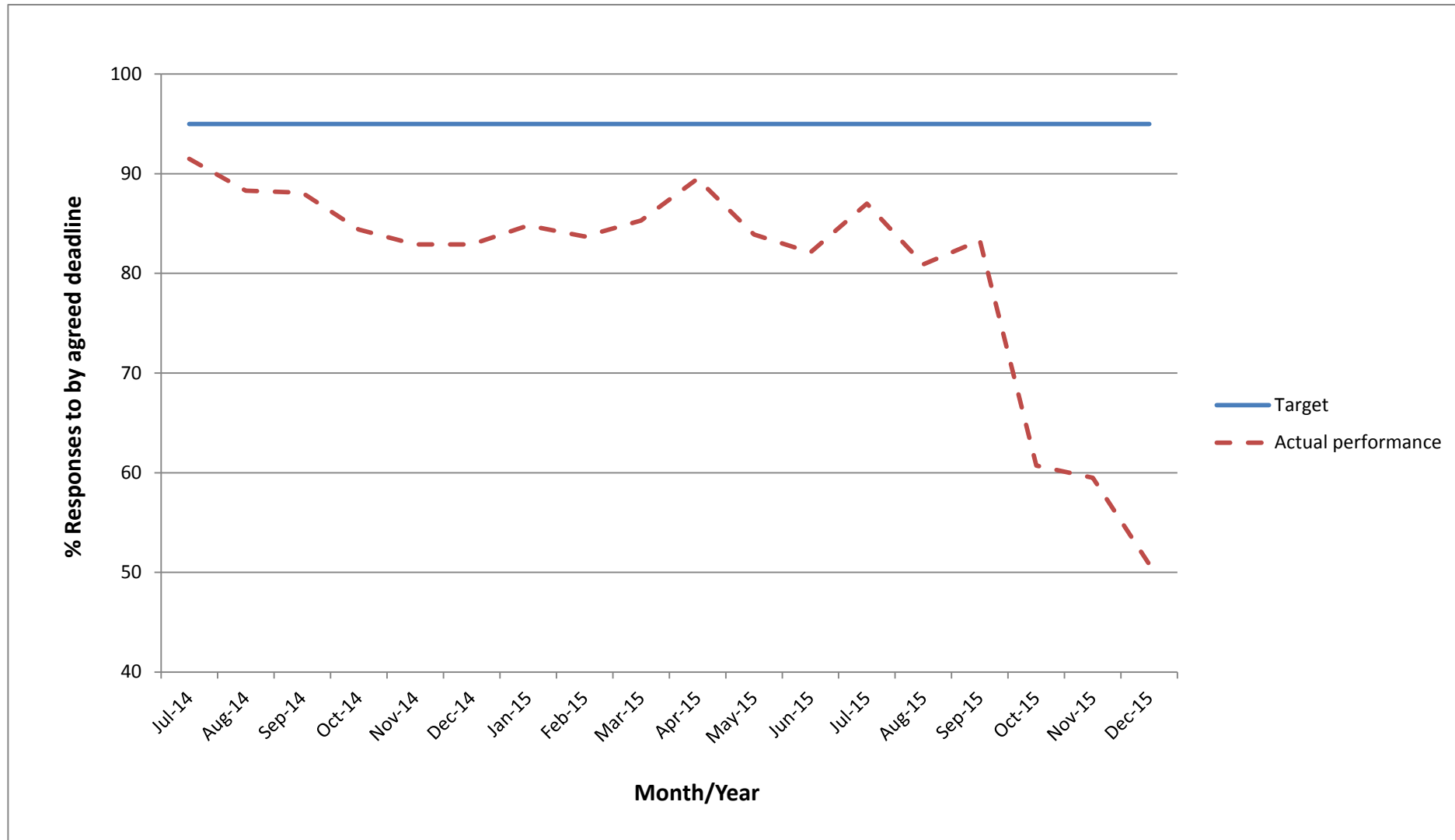


Table 1 – Complaints performance

Items in italics are reportable to the Trust Board.

Other data items are for internal monitoring / reporting to Patient Experience Group where appropriate.

	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Total complaints received (inc. TS and F&E from April 2013)	133	165	171	181	158	147	154	207	168	185	182	148	116
Formal/Informal split	52/81	70/95	79/92	88/93	72/86	46/101	57/97	61/146	51/117	54/131	75/107	66/82	44/72
<i>Number & % of complaints per patient attendance in the month</i>	0.22% (133 of 59,487)	0.27% (165 of 61,683)	0.29% (171 of 58,687)	0.27% (181 of 66,317)	0.27% (158 of 59,419)	0.25% (147 of 58,716)	<i>0.23%</i> <i>(154 of 66,548)</i>	<i>0.31%</i> <i>(207 of 65,810)</i>	<i>0.30%</i> <i>(168 of 55,657)</i>	0.28% (185 of 66,285)	0.27% (182 of 68,131)	0.22% (148 of 67,434)	0.19% (116 of 61,126)
<i>% responded to within the agreed timescale (i.e. response posted to complainant)</i>	82.9% (58 of 70)	84.8% (56 of 66)	83.7% (36 of 43)	85.3% (58 of 68)	89.5% (51 of 57)	83.9% (52 of 62)	<i>82.1%</i> <i>(55 of 67)</i>	<i>87.0%</i> <i>(47 of 54)</i>	<i>80.9%</i> <i>(38 of 47)</i>	83.3% (40 of 48)	60.7% (34 of 56)	59.5% (25 of 42)	50.8% (32 of 63)
% responded to by <u>Division</u> within required timescale for executive review	87.1% (61 of 70)	87.9% (58 of 66)	81.4% (35 of 43)	92.6% (63 of 68)	87.7% (50 of 57)	91.9% (57 of 62)	94.0% (63 of 67)	98.1% (53 of 54)	93.6% (44 of 47)	95.8% (46 of 48)	80.4% (45 of 56)	81.0% (34 of 42)	90.5% (57 of 63)
Number of breached cases where the breached deadline is attributable to the Division	1 of 12	7 of 10	2 of 7	8 of 10	3 of 6	9 of 10	12 of 12	6 of 7	3 of 9	2 of 8	7 of 22	7 of 17	20 of 31
Number of extensions to originally agreed timescale (formal investigation process only)	11	16	4	7	7	21	16	11	14	10	23	13	26
<i>Percentage of Complainants Dissatisfied with Response</i>					1.8% (1 case)	1.6% (1 case)	<i>1.5%</i> <i>(1 case)</i>	<i>1.9%</i> <i>(1 case)</i>	<i>2.1%</i> <i>(1 case)</i>	4.2% (2 cases)	8.9% (5 cases)	4.8% (2 cases)	

Figures 2 and 3 show the decrease in the volume of complaints received in Q3 (2015/16) compared to Q2 (2015/16) and the increase when compared to the corresponding period last year. Figure 3 shows the numbers of complaints dealt with via the formal investigation process, against those dealt with via the informal; complaints investigation process.

Figure 2: Number of complaints received

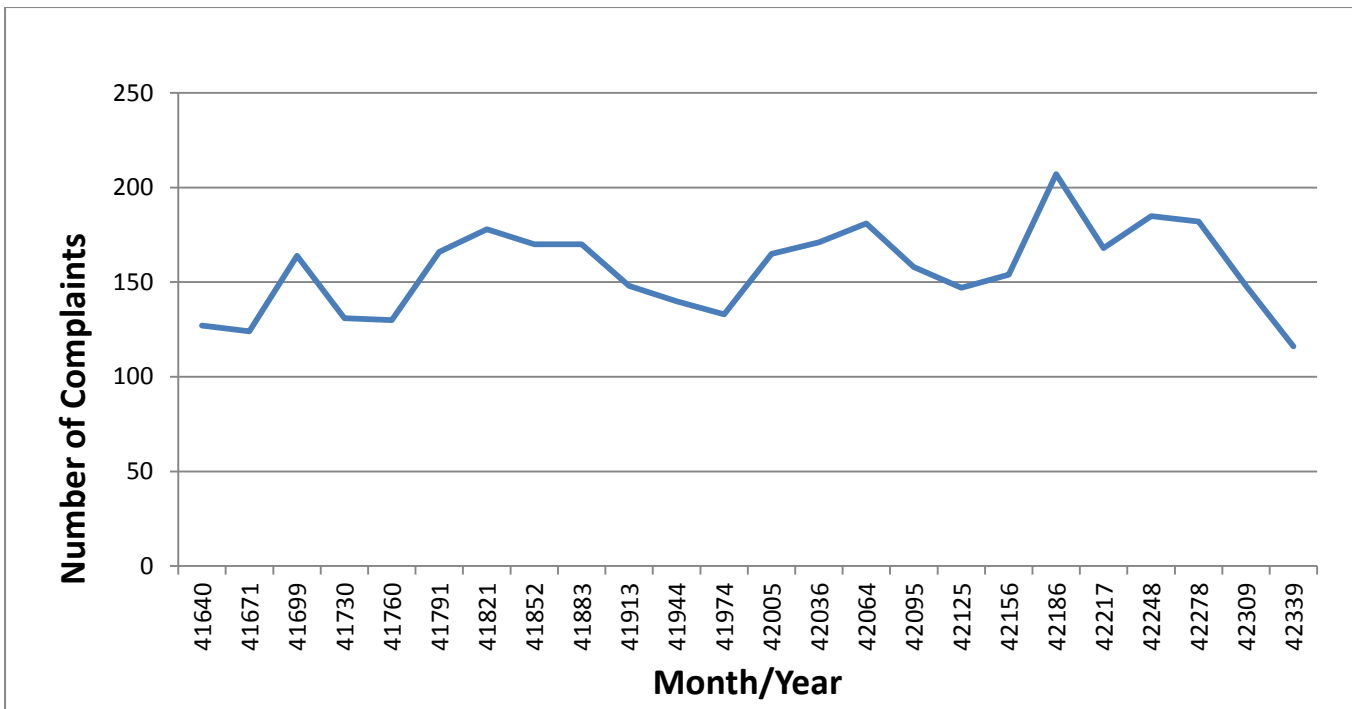


Figure 3: Complaints received, as a percentage of patient activity

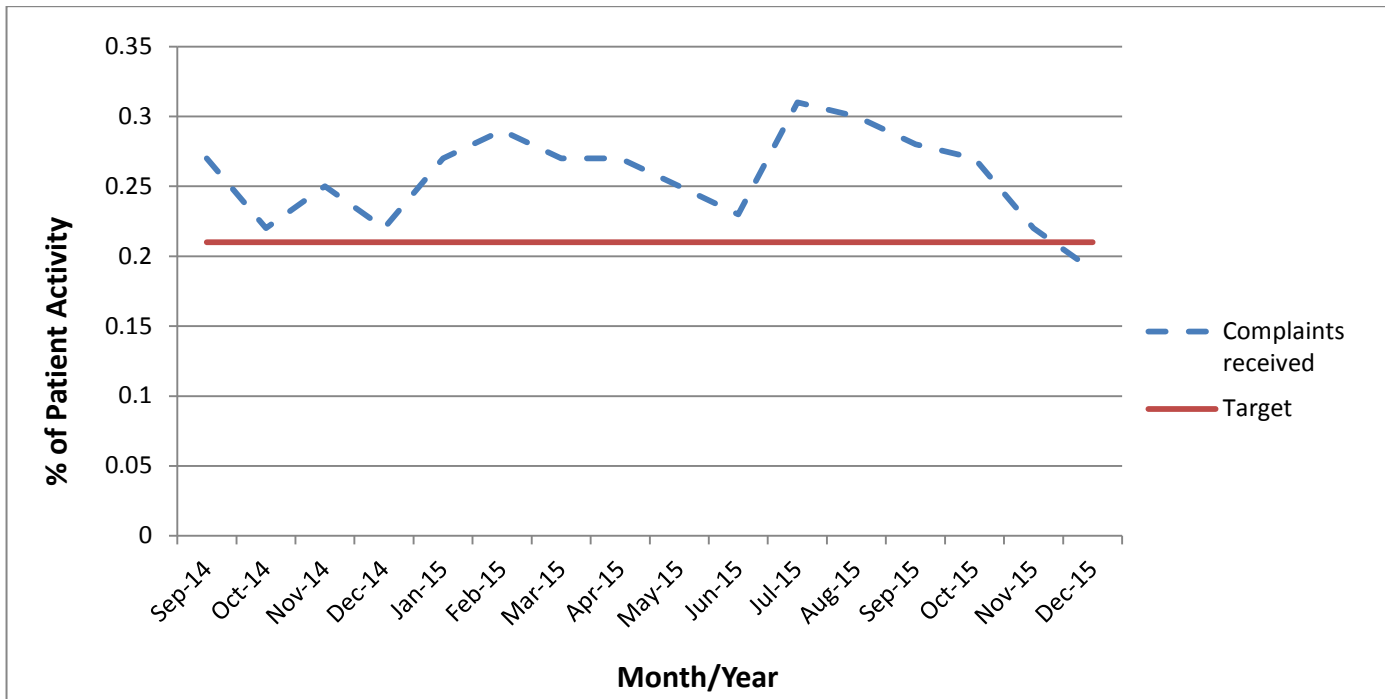
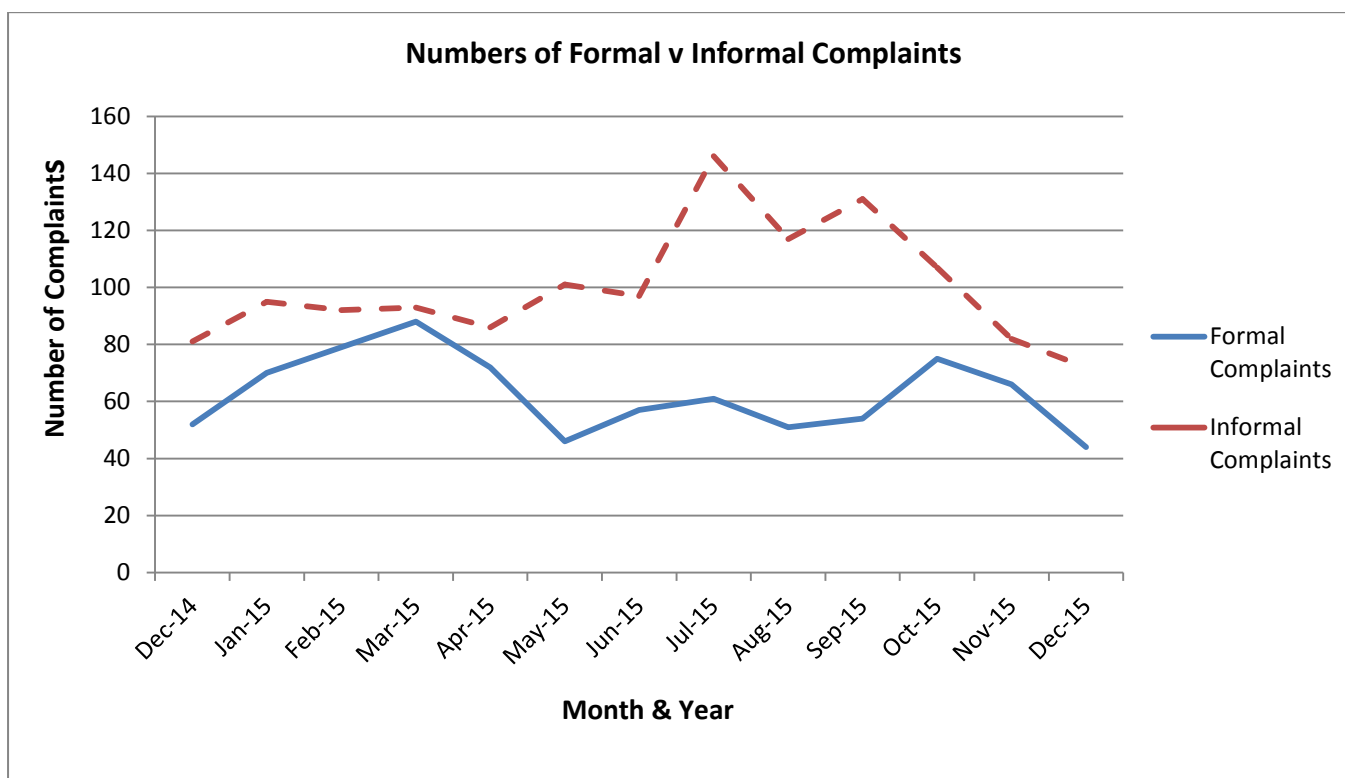


Figure 4: Numbers of Formal v Informal Complaints



2.3 Dissatisfied complainants

Reducing numbers of dissatisfied complainants is one of the Trust’s nine corporate quality objectives for 2015/16. We are disappointed whenever anyone feels the need to complain about our services; but especially so if they are dissatisfied with the quality of our investigation of their concerns. For every complaint we receive, our aim is to identify whether and where we have made mistakes, to put things right if we can, and to learn as an organisation so that we do not make the same mistake again. Our target is that nobody should be dissatisfied with the quality of our response to their complaint. Please note that we differentiate this from complainants who may raise new issues or questions as a result of our response. As noted earlier in section 2 of this report, the way in which dissatisfied cases are reported is now expressed as a percentage of the responses the Trust has sent out in any given month. In Q1 and Q2 of 2015/16, our target was for less than 10% of complainants to be dissatisfied, reducing to less than 5% from Q3 onwards.

In Q3, a total of 161 responses were sent out. By the cut-off point of 15th January 2016 (the date on which the complaints data for December was finalised), 10 people had contacted us to say they were dissatisfied with our response. This represents 6.2% of the responses sent out.

This compares to 10 cases out of 149 responses (6.7%) in Q2 of 2015/16.

In each case where a complainant comes back to us to advise they are dissatisfied with our response, the case is reviewed by the Patient Support and Complaints Manager. This review leads to one of the following courses of action:

- The lead Division is asked to reinvestigate the outstanding concerns and send a further response letter to the complainant addressing these issues.
- The lead Division is asked to reinvestigate the outstanding concerns and arrange to meet with the complainant to address these issues.
- A letter is sent to the complainant advising that the Trust feels that it has already addressed all of the

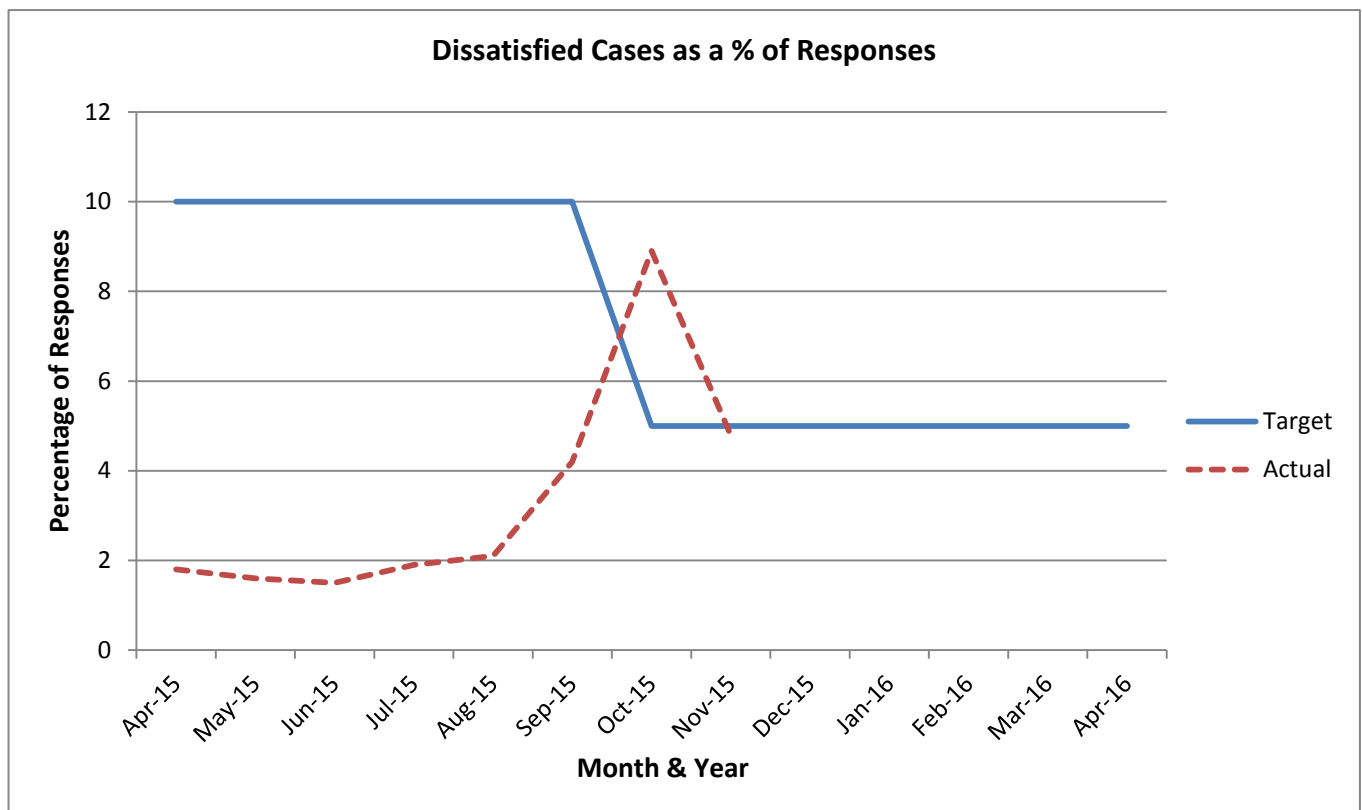
concerns raised and reminding the complainant that if they remain unhappy, they have the option of asking the PHSO to independently review their complaint.

In the event that it is not clear at this stage, a caseworker from the Patient Support and Complaints Team will contact the complainant for clarification of which issues remain unresolved and, where possible, collate some specific questions that the complainant wishes to be answered. Following this, the process noted above would then be followed.

In all cases where a further written response is produced, this response is reviewed by the Patient Support & Complaints Manager and by the Head of Quality (Patient Experience and Clinical Effectiveness) before sending it to the Executives for signing.

In the event that a complainant comes back to us again, having received two responses (whether in writing or by way of a meeting) the case will be escalated to the Chief Nurse for review.

Figure 5: Percentage of complainants who were dissatisfied with aspects of our complaints response



2.4 Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of six major themes. The table below provides a breakdown of complaints received in Q3 compared to Q2. Complaints about all category types, with the exception of 'clinical care', decreased in Q3 in real terms, although 'attitude and communication' showed a slight increase when measured as a proportion of complaints received.

Category Type	Number of complaints received – Q3 2015/16	Number of complaints received – Q2 2015/16
Appointments & Admissions	139 (31% of total complaints) ↓	202 (36% of total complaints) ↑
Attitude & Communication	125 (28%) ↓	146 (26%) ↑
Clinical Care	127 (29%) ↑	112 (20%) ↓
Facilities & Environment	23 (5%) ↓	39 (7%) ↑
Access	9 (2%) ↓	16 (3%) ↑
Information & Support	23 (5%) ↓	45 (8%) ↑
Total	446	560

Each complaint is then assigned to a more specific category (of which there are 121 in total). The table below lists the seven most consistently reported complaint categories. In total, these seven categories account for 59% of the complaints received in Q3 (262/446).

Sub-category	Number of complaints received – Q3 2015/16	Q2 2015/16	Q1 2015/16	Q4 2014/15
Cancelled or delayed appointments and operations	103 (32% decrease compared to Q2) ↓	151	124	140
Clinical Care (Medical/Surgical)	54 (13% increase) ↑	48	49	78
Communication with patient/relative	41 (32% increase) ↑	31	33	26
Clinical Care (Nursing/Midwifery)	18 (10% decrease) ↓	20	24	26
Attitude of Nursing/Midwifery	13 (7% decrease) ↓	14	10	10
Attitude of Medical Staff	16 (33% decrease) ↓	24	11	21
Failure to answer telephones	17 (23% decrease) ↓	22	34	26

The issue of cancelled or delayed appointments and operations has seen a 32% decrease in Q3, following a 22% increase in the previous quarter. There have been increases in complaints about clinical care (medical/surgical) and communication with patients/relatives. Complaints regarding the failure to answer telephones decreased by a further 23% in Q3, following a 35% decrease in Q2 after consecutive increases in the previous five quarters.

A Trust level analysis of complaints consistently shows the highest volume of complaints falling within the above seven categories. This is the same across all of the clinical divisions. However, when the data is broken down by Division and department/specialty, there are no significant trends that would prompt us to ask more searching questions of the Divisions or further interrogate the data.

In this Q3 report, for the first time, more detailed data has been provided for departments/specialties that consistently receive higher volumes of complaints. These are all departments/specialties that see higher volumes of patients and the number of complaints received as a percentage of all complaints, largely corresponds with the percentages of patients seen in these areas.

The numbers of complaints received Trustwide have not increased in Q3 in line with our hospitals dealing with increased winter pressures, black escalation, etc. It can however be demonstrated that the percentage of complaints responded to within the agreed timescale during Q3 has reduced significantly, possibly as a result of winter pressures directing priorities elsewhere.

Figures 6, 7, 8 and 9 show the most commonly recorded complaint categories, as shown in 2.3 above

Figure 6: Cancelled or delayed appointments and operations

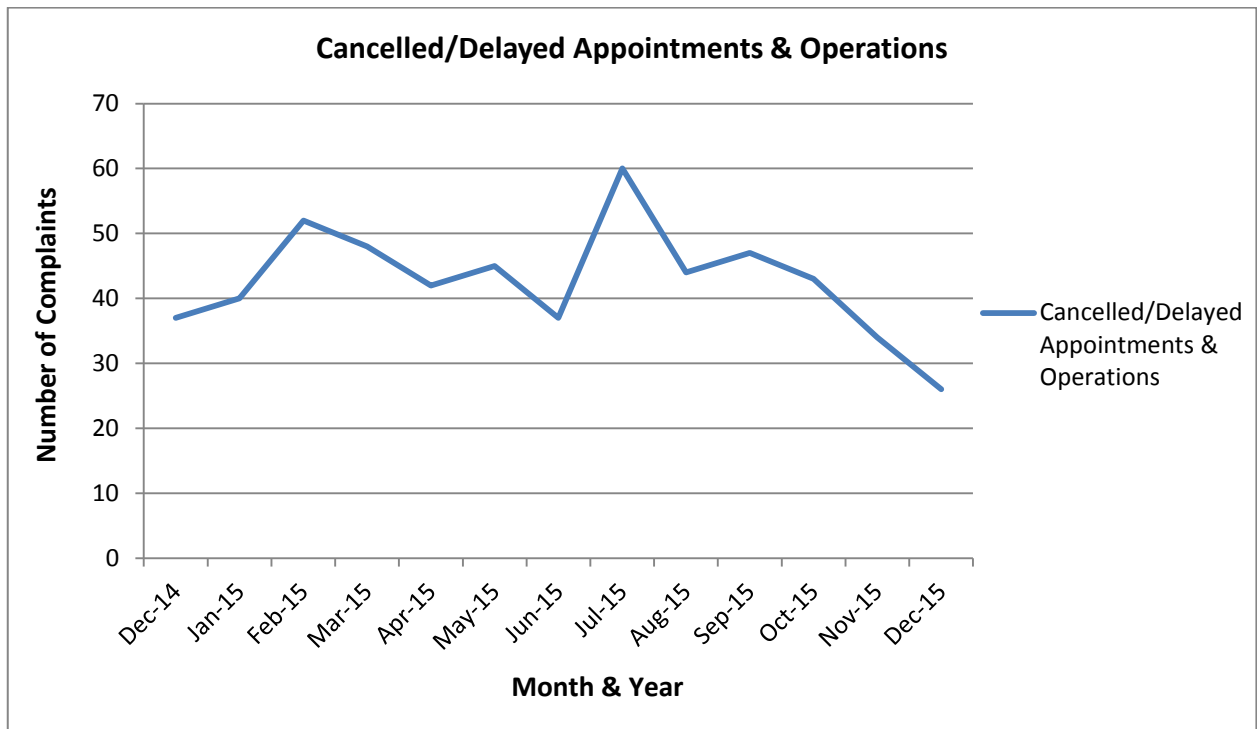


Figure 7: Clinical Care – Medical/Surgical and Nursing/Midwifery

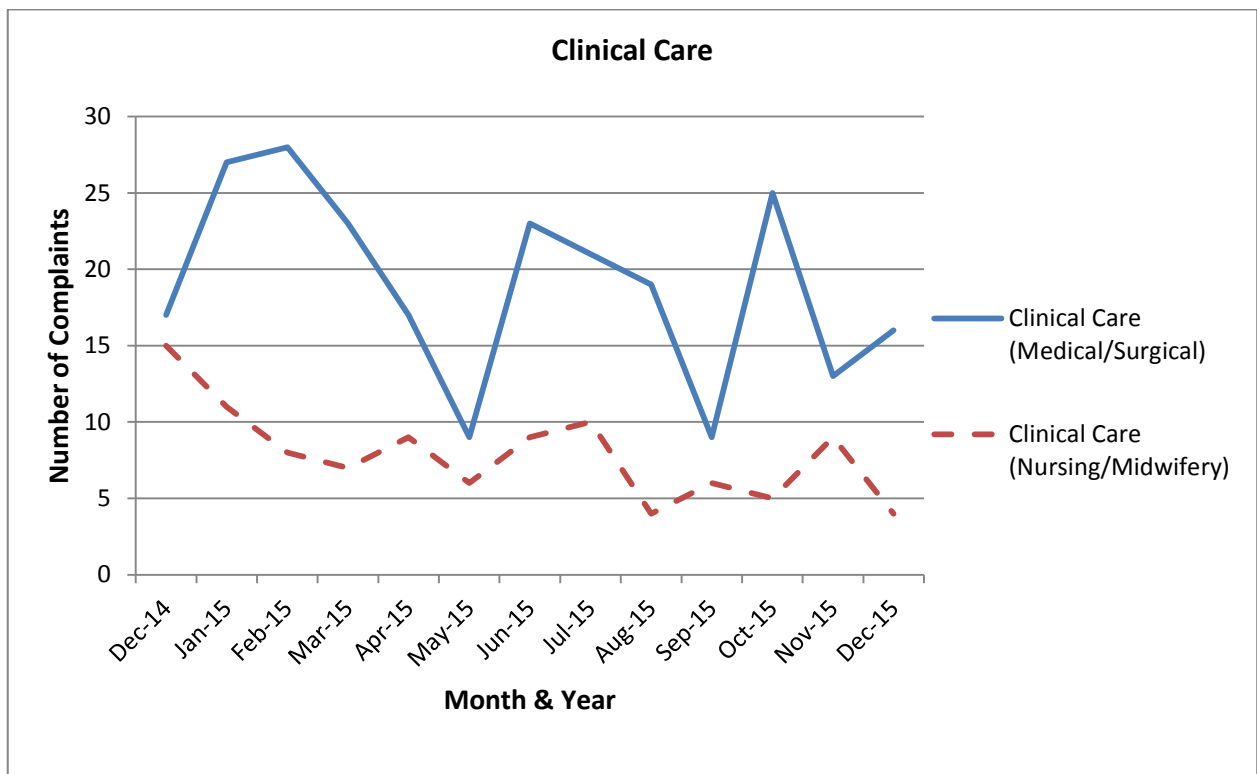


Figure 8: Communication with patients/relatives and failure to answer telephones

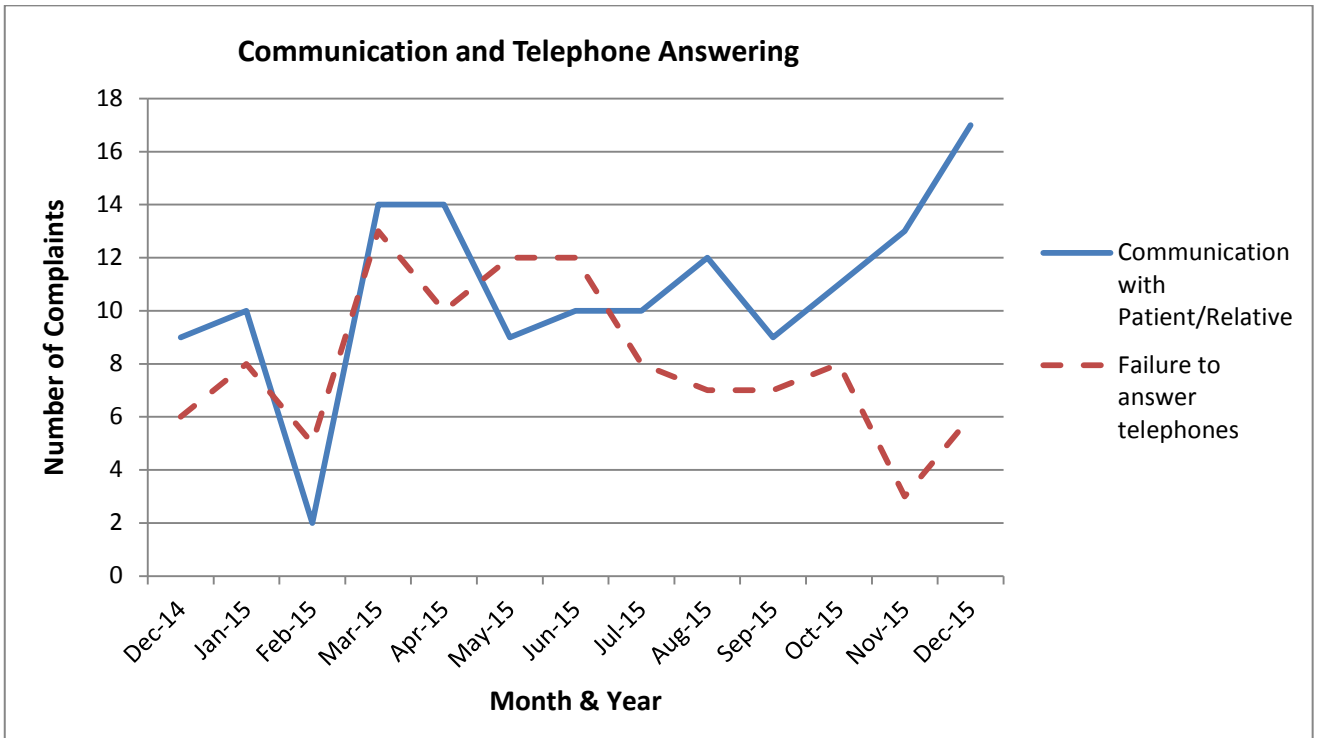
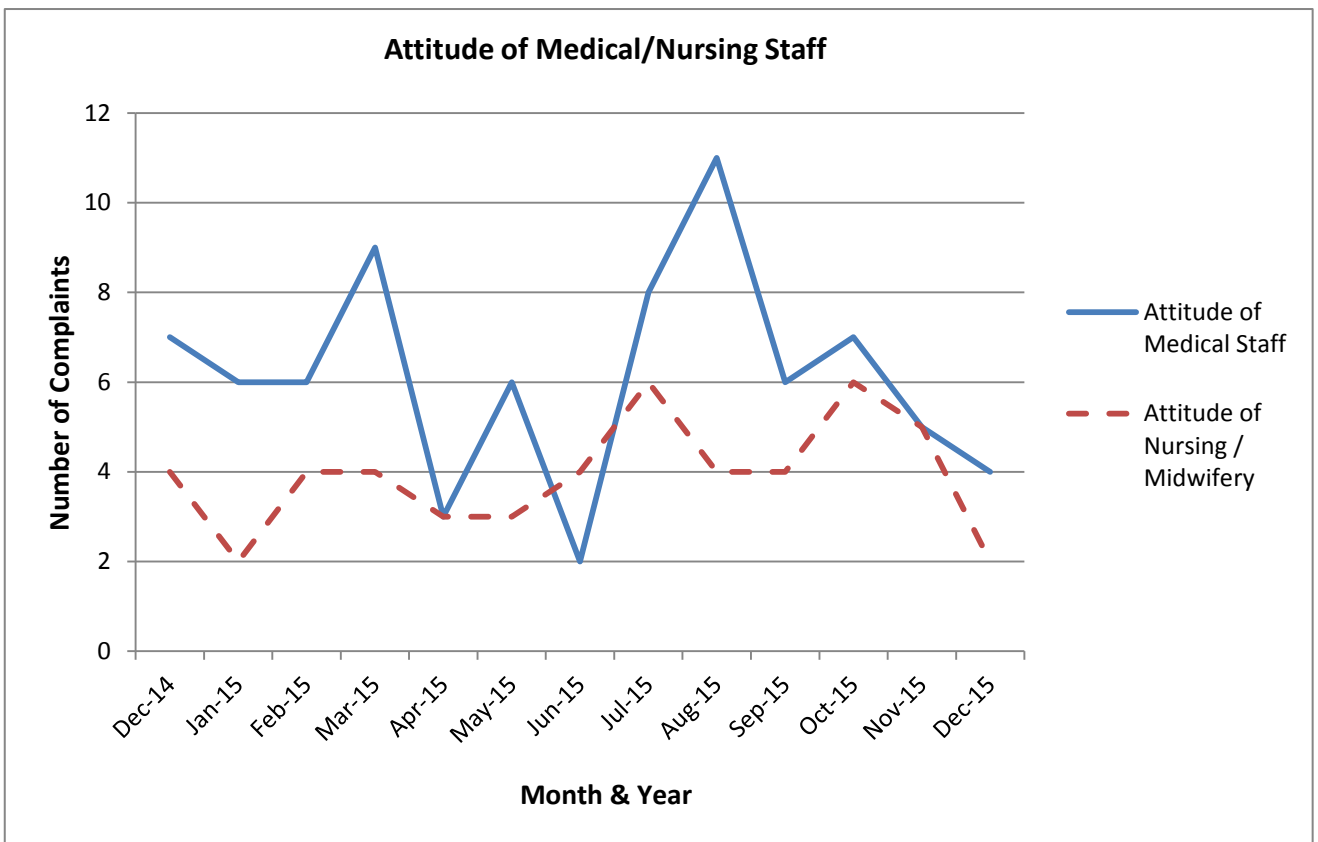


Figure 9: Attitude of medical and nursing/midwifery staff

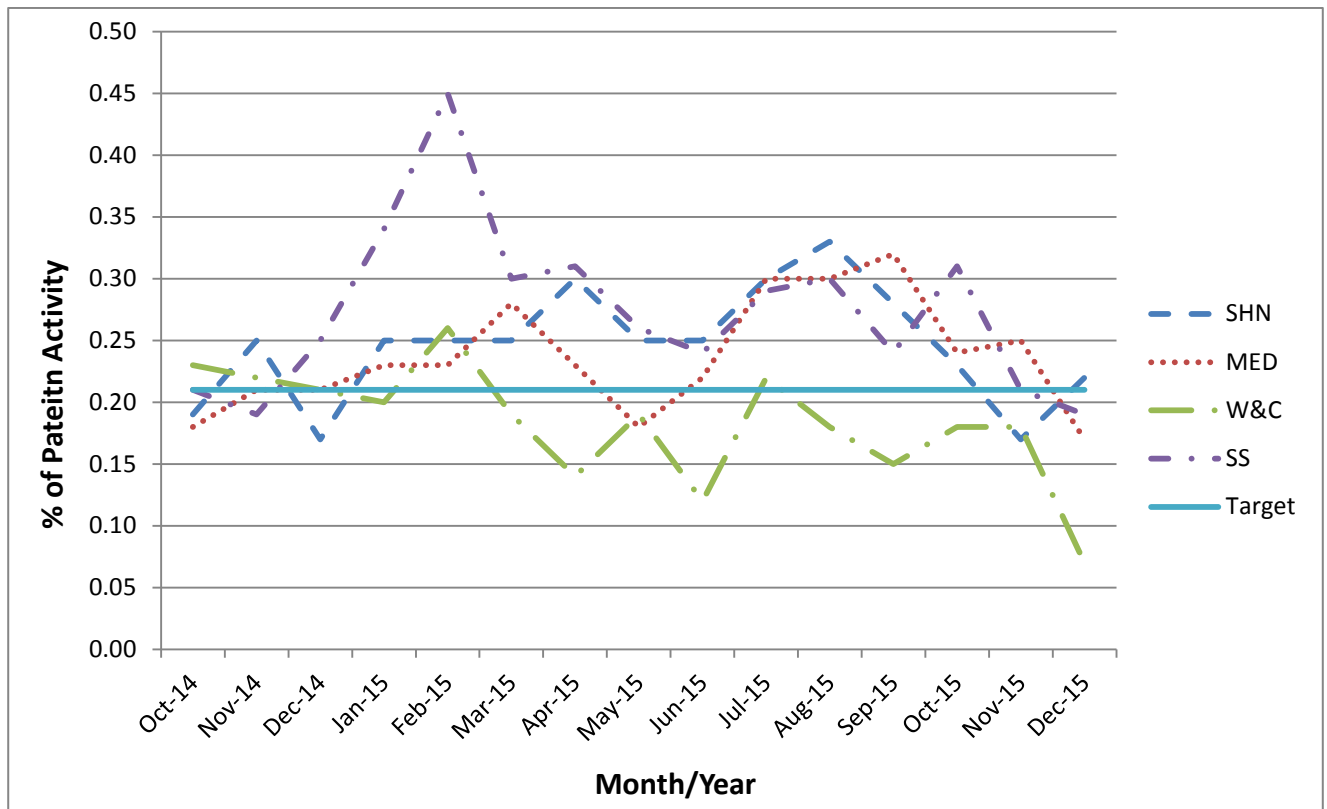


2. Divisional performance

3.1 Total complaints received

A divisional breakdown of percentage of complaints per patient attendance is provided in Figure 7. This shows an overall downturn in the volume of complaints received in the bed-holding Divisions during Q3.

Figure 10: Complaints by Division as a percentage of patient attendance



It should be noted that data for the Division of Diagnostics and Therapies has been excluded from Figure 7. This is because this Division's performance is calculated from a very small volume of outpatient and inpatient activity. Complaints are more likely to occur as elements of complaints within bed-holding Divisions. Overall reported Trust-level data includes Diagnostic and Therapy complaints, but it is not appropriate to draw comparisons with other Divisions. For reference, numbers of reported complaints for the Division of Diagnostics and Therapies since January 2015 have been as follows:

Table 2. Complaints received by Diagnostics and Therapies Division since January 2015

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of complaints received	7	5	11	2	5	7	10	4	5	12	5	7

3.2 Divisional analysis of complaints received

Table 3 provides an analysis of Q3 complaints performance by Division. The table includes data for the three most common reasons why people complain: concerns about appointments and admissions; concerns about staff attitude and communication; and concerns about clinical care.

Table 3.	Surgery Head and Neck	Medicine	Specialised Services	Women and Children	Diagnostics and Therapies
Total number of complaints received	169 (236) ↓	94 (125) ↓	59 (69) ↓	67 (80) ↓	24 (18) ↑
Total complaints received as a proportion of patient activity	0.20% (0.30%) ↓	0.22% (0.31%) ↓	0.24% (0.27%) ↓	0.14% (0.18%) ↓	N/A
Number of complaints about appointments and admissions	70 (103) ↓	17 (37) ↓	21 (26) ↓	25 (30) ↓	6 (6) =
Number of complaints about staff attitude and communication	48 (64) ↓	38 (33) ↑	15 (22) ↓	10 (22) ↓	7 (5) ↑
Number of complaints about clinical care	38 (45) ↓	35 (27) ↑	19 (11) ↑	27 (22) ↑	8 (7) ↑
Areas where the most complaints have been received in Q3	Bristol Eye Hospital – 49 (57) ↓ Bristol Dental Hospital – 31 (41) ↓ Trauma & Orthopaedics – 31 (24) ↑ Ear Nose and Throat – 13 (36) ↓ Upper GI – 14 (8) ↑	A&E – 14 (27) ↓ Ward A300 (MAU) – 9 (6) ↑ Dermatology – 8 (9) ↓ Gastroenterology & Hepatology 7 (12) ↓ Respiratory – 5 (3) ↑ Ward A605 – 5 (1) ↑ Ward C808 – 5 (1) ↑ Ward A900 – 5 (1) ↑	BHI Outpatients – 16 (26) ↓ GUCH Services – 10 (5) ↑ Chemo Day Unit / Outpatients – 9 (15) ↓ Ward C708 – 6 (4) ↑	Children's ED & Ward 39 - 9 (10) ↓ Paediatric Neurosurgical – 9 (5) ↑ Paediatric Orthopaedics – 4 (5) ↓	Radiology – 10 (6) ↑ Adult Therapy – 3 (3) = Pharmacy – 5 (2) ↑
Notable deteriorations compared to Q2	Trauma & Orthopaedics – 31 (24) Upper GI – 14 (8)	Ward A605 – 5 (1) Ward C808 – 5 (1) Ward A900 – 5 (1)	GUCH Services – 10 (5)	Paediatric Neurosurgical – 9 (5)	Radiology – 10 (6) Pharmacy – 5 (2)
Noable improvements compared to Q2	Bristol Eye Hospital – 49 (57) Bristol Dental Hospital – 31 (41) Ear Nose and Throat – 13 (36)	A&E – 14 (27)	BHI Outpatients – 16 (26) Chemo Day Unit / Outpatients – 9 (15)	None	None

3.3 Areas where the most complaints were received in Q3 – additional analysis

3.3.1 Division of Surgery, Head & Neck

Complaints by category type⁴

Category Type	Number and % of complaints received – Q3 2015/16	Number and % of complaints received – Q2 2015/16
Access	2 (1.2% of total complaints) ↓	6 (2.5% of total complaints) ↑
Appointments & Admissions	71 (42%) ↓	103 (43.6%) ↑
Attitude & Communication	48 (28.4%) ↓	64 (27.1%) ↑
Clinical Care	38 (22.5%) ↓	45 (19.1%) =
Facilities & Environment	3 (1.8%) ↓	6 (2.5%) ↑
Information & Support	7 (4.1%) ↓	12 (5.1%) ↑
Total	169	236

Top sub-categories

Sub-category	Number of complaints received – Q3 2015/16	Number of complaints received – Q2 2015/16
Cancelled or delayed appointments and operations	59 (33% decrease compared to Q2) ↓	88 (11.4% increase compared to Q1) ↑
Clinical Care (Medical/Surgical)	14 =	14 (22.2% decrease) ↓
Communication with patient/relative	15 (25% increase) ↑	12 (29.4% increase) ↑
Attitude of Medical Staff	8 (33.3% increase) ↑	6 (500% increase) ↑
Attitude of Nursing/Midwifery	2 (75% decrease) ↓	8 (100% increase) ↑
Clinical Care (Nursing/Midwifery)	2 (77.8% decrease) ↓	9 (50% increase) ↑
Failure to answer telephones	6 (60% decrease) ↓	15 (11.8% decrease) ↓

Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
Complaints regarding the Trauma & Orthopaedics service have seen a further increase. This service has had a consistently high number of complaints, with 18 in Q1, 24 in Q2 and 31 in Q3.	These problems have occurred due to staff shortages within the administration team, which is currently short of 3 x WTE.	One position has been recruited to and interviews were held week commencing 15/02/2016 for the second post.
In Q3, 12 of these complaints were in respect of appointments and admissions (i.e. cancelled or delays appointments and operations); 10 were about attitude and communication (i.e. attitude of medical staff,	The department does not currently have the option of patients being able to leave a message, as this would be likely to result in further messages being left whilst staff were trying to retrieve them because the line is so busy.	The department is currently investigating with IM&T whether it is possible to have a telephone queuing system that will provide patients with information regarding their position in the queue and offering alternative options regarding best times to call, etc. The Deputy

<p>communication with patient/relative, etc.); and nine were in respect of clinical care.</p>	<p>The senior management team has some concerns regarding the approach of a specific member of the clinical team who appears to be receiving more complaints than colleagues.</p>	<p>Performance and Operations Manager has put in place a system to ensure that telephones are not left unanswered and, once fully recruited, the team plan to have a dedicated member of the team assigned to answer all calls.</p> <p>The Division has obtained a full report of all Trauma & Orthopaedics complaints and will be analysing these to identify whether there are any specific concerns and, if so, these will be addressed as appropriate with the individual concerned.</p>
<p>In Q3, there was a 75% increase in complaints about the Upper GI service compared to Q2.</p> <p>Complaints about this service have remained above average with 10 complaints in Q1, eight in Q2 and 14 in Q3.</p> <p>The majority of these complaints (nine) were in respect of appointments and admissions, with three being about attitude and communication and two relating to clinical care.</p>	<p>These complaints relate to significant shortages in the Upper GI consultant group and in the Clinical Nurse Specialist (CNS) group.</p> <p>The communication issues relate to the way that patients are informed about cancellations and delays.</p> <p>Two patients complained about their clinical care. These were both very complex patients for whom the journey had not been as predicted – one related to a deceased patient whose family felt that staff had not dealt with them as sensitively as they would have expected.</p>	<p>Recruitment has now been successful and it is hoped that there will be a reduction in complaints by Q1 of 2016/17 at the latest, when the new consultant is in post. Recruitment to the CNS posts is currently under review.</p> <p>This issue will be dealt with via the Administrative Standards Group to ensure that staff have appropriate standards of responses when delivering difficult news to patients regarding their appointments.</p> <p>Sister shares all patient complaints with her team and also the responses to these complaints, in order that they can consider the impact of their actions and how they can improve a patient's/family's experience going forward.</p>

⁴ Arrows in Q3 column denote increase or decrease compared to Q2. Arrows in Q2 column denote increase or decrease compared to Q1. Increases and decreases refer to actual numbers rather than to proportion of total complaints received.

Figure 11: Surgery, Head & Neck – Formal and informal complaints received by Division

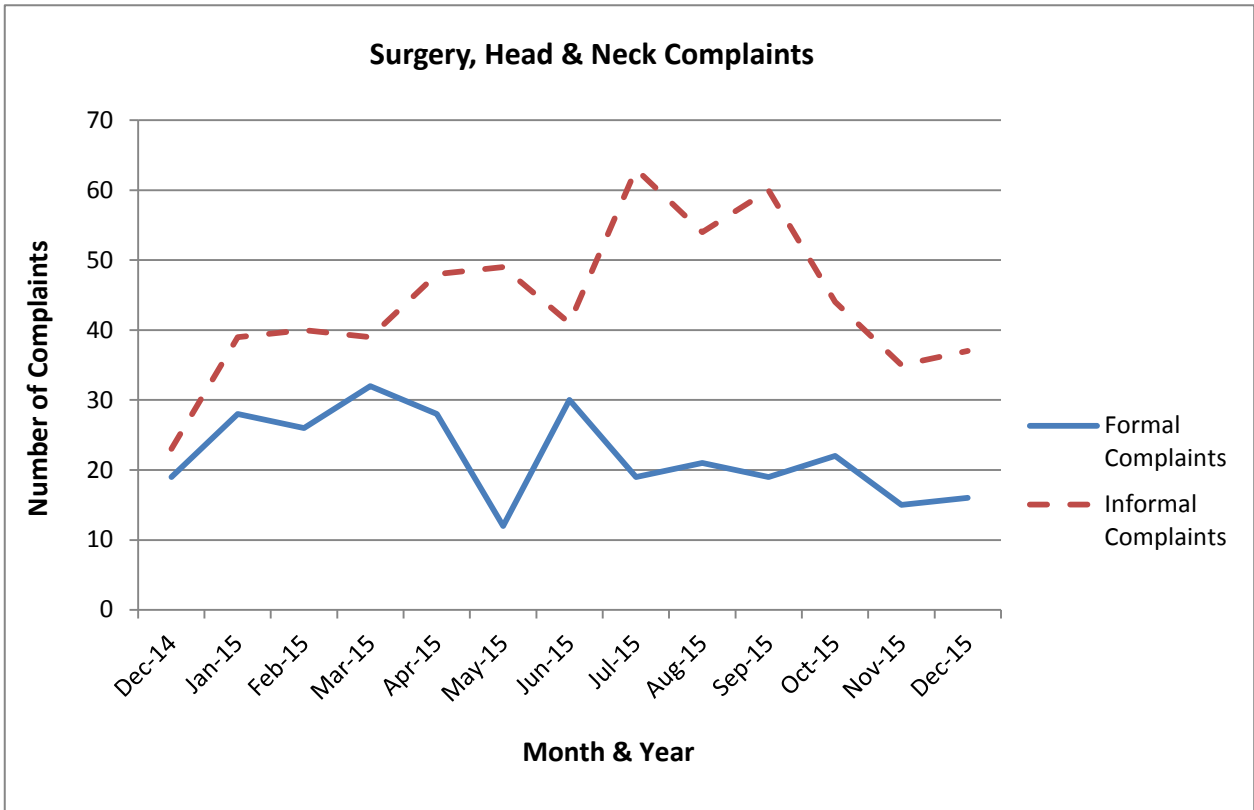
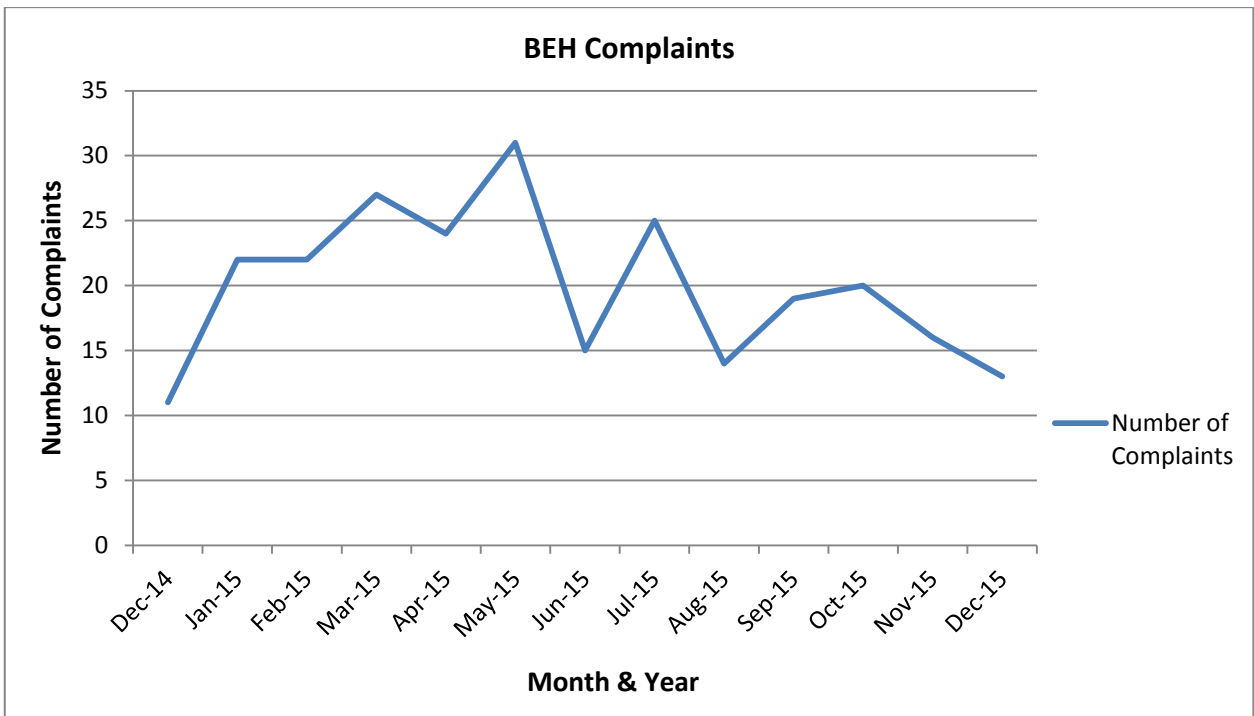


Figure 12: Complaints received by Bristol Eye Hospital



3.3.2 Division of Medicine

Complaints by category type

Category Type	Number and % of complaints received – Q3 2015/16	Number and % of complaints received – Q2 2015/16
Access	0 (0% of total complaints) ↓	2 (1.6% of total complaints) ↑
Appointments & Admissions	16 (17%) ↓	37 (29.6%) ↑
Attitude & Communication	36 (38.3%) ↑	33 (26.4%) ↑
Clinical Care	33 (35.1%) ↑	27 (21.6%) ↓
Facilities & Environment	4 (4.3%) ↓	15 (12%) ↑
Information & Support	5 (5.3%) ↓	11 (8.8%) ↑
Total	94	125

Top sub-categories

Category	Number of complaints received – Q3 2015/16	Number of complaints received – Q2 2015/16
Cancelled or delayed appointments and operations	7 (68.2% decrease compared to Q2) ↓	22 (144.4% increase compared to Q1) ↑
Clinical Care (Medical/Surgical)	18 (157.1% increase) ↑	7 (41.7% decrease) ↓
Communication with patient/relative	14 (55.6% increase) ↑	9 (12.5% increase) ↑
Attitude of Medical Staff	3 (40% decrease) ↓	5 (25% increase) ↑
Attitude of Nursing/Midwifery	8 (100% increase) ↑	4 (100% increase) ↓
Clinical Care (Nursing/Midwifery)	7 (16.7% increase) ↑	6 (57.1% decrease)
Failure to answer telephones	6 (200% increase) ↑	2 (50% decrease) ↓

Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
<p>There was an increase in the number of complaints received by Wards A605, A900 and C808.</p> <p>A505 received two complaints about communication with patients/relatives and one each about discharge arrangements, attitude of medical staff and clinical care.</p> <p>A900 received two complaints about clinical care (medical/surgical) and one each about attitude of nursing staff, clinical care (nursing) and failure to answer the telephone.</p>	<p>The two complaints relating to discharge have been investigated. One related to a Safeguarding concern, which is still being investigated and one was in respect of dignity, which has been addressed. A further complaint related to test results undertaken during the patient's admission and the transfer process to SBCH.</p> <p>One of these cases related to a family's concern that their father fell and fractured his hip whilst in our care.</p> <p>There are no other themes which resulted in specific actions.</p>	<p>There are no themes in the complaints but a clear message has been shared with staff on the ward about dignity on discharge.</p> <p>An RCA investigation has been completed and we are currently waiting for the family to meet with staff.</p> <p>Issues addressed and shared with nursing and medical teams.</p>

<p>C808 received one complaint each about discharge arrangements, communication with patients/relatives, clinical care (nursing), medication not received and incorrect diagnosis.</p>	<p>One complaint related to a District Nurse not being able to contact the ward post-discharge to check a medication regime and one related to a patient's perception that they had been misdiagnosed. A further complaint related to a family's experience of care and one was in respect of discharge planning and communication.</p>	<p>There are no themes identified and all complaints have been investigated and responded to with local actions where required.</p>
<p>The Respiratory Department saw complaints increase from three in Q2 to five in Q3. Two of these complaints were about clinical care, two were in respect of attitude and communication and one related to appointments and admissions.</p> <p>This department has averaged four complaints per quarter over the last three quarters.</p>	<p>One of the five complaints related to an inpatient respiratory and cardiology admission and has therefore been excluded.</p> <p>The other four complaints show no themes - one related to specialist lung clinic access, one was about a failure to send an outpatient prescription to the GP surgery, one was in respect of a complainant who believed we could have predicted his deterioration and a final complaint was in respect of staff attitude.</p>	<p>The referral process to the specialist clinic has been streamlined and local actions have been put in place to address the attitudinal complaint. It has also been highlighted with OPD clinical staff to include medication changes in GP communications.</p>
<p>The Gastroenterology and Hepatology service has received an average of nine complaints per quarter over the last three quarters (eight in Q1, 12 in Q2 and seven in Q3)</p>	<p>The majority of these complaints related to outpatient delays in new and follow-up appointments.</p> <p>One complaint was about the attitude of a secretary.</p> <p>One complaint was in respect of the timeliness of investigations.</p>	<p>Ongoing work with clinic coordinators to manage the patient backlog. Recruitment to a vacancy will support this.</p> <p>This has been addressed locally through additional Values training.</p> <p>Referral from UH Bristol to NBT for investigations and, once completed, a timely review here will be arranged. Patient has the Specialty Manager's contact details.</p>
<p>The Dermatology service has received an average of 10 complaints per quarter over the last three quarters (14 in Q1, nine in Q2 and eight in Q3)</p>	<p>This is a positive picture with complaints decreasing each quarter.</p>	

Figure 13: Medicine – Formal and informal complaints received by Division

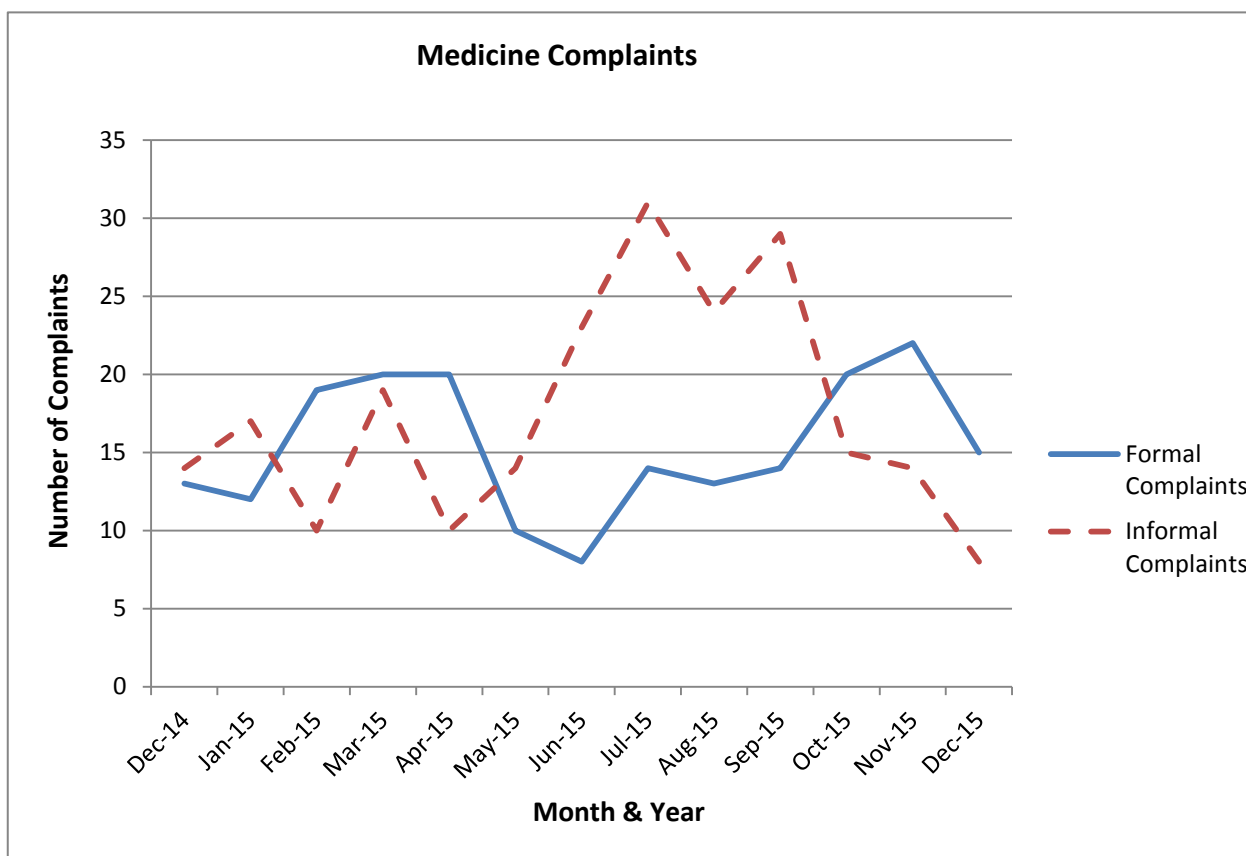
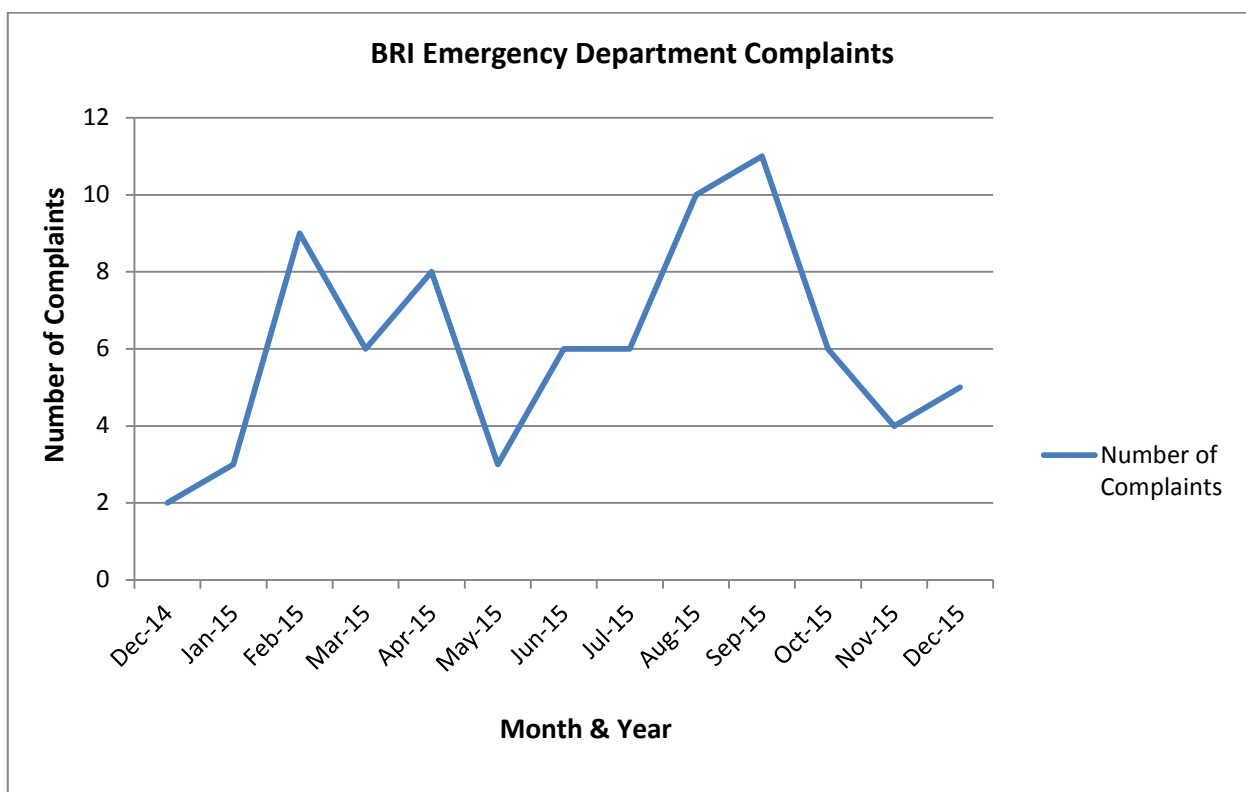


Figure 14: Complaints received by the Emergency Department at Bristol Royal Infirmary



3.3.3 Division of Specialised Services

Complaints by category type

Category Type	Number and % of complaints received – Q3 2015/16	Number and % of complaints received – Q2 2015/16
Access	0 (0% of total complaints) ↓	1 (1.4% of total complaints) ↑
Appointments & Admissions	21 (35.6%) ↓	26 (37.7%) =
Attitude & Communication	15 (25.4%) ↓	22 (31.9%) ↑
Clinical Care	18 (30.5%) ↑	11 (15.9%) ↓
Facilities & Environment	2 (3.4%) ↓	3 (4.3%) ↑
Information & Support	3 (5.1%) ↓	6 (8.7%) ↑
Total	59	69

Top sub-categories

Category	Number of complaints received – Q3 2015/16	Number of complaints received – Q2 2015/16
Cancelled or delayed appointments and operations	14 (26.3% decrease compared to Q2) ↓	19 (5.6% increase compared to Q1) ↑
Clinical Care (Medical/Surgical)	9 (28.6% increase) ↑	7 (16.7% increase)
Communication with patient/relative	6 (500%) ↑	1 (75% decrease) ↓
Attitude of Medical Staff	1 (80% decrease) ↓	5 (400% increase)
Attitude of Nursing/Midwifery	0 =	0 (100% decrease) ↓
Clinical Care (Nursing/Midwifery)	3 (200% increase) ↑	1 ↑
Failure to answer telephones	3 (57.1% decrease) ↓	7 (22.2% decrease) ↓

Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
Cardiology GUCH Services saw a further increase in complaints received compared to Q2. Of the 10 complaints received, five were in relation to cancelled or delayed appointments or procedures and one each were in respect of telephones not being answered; communication with patients/relatives; waiting time in clinic, clinical care (medical/surgical); and medical records not being available.	The complex nature of the patients' underlying disease and the tertiary specialist service that the BHI provides often means that demands upon the GUCH service are high. The high demand, set capacity and the requirement to communicate across organisations can often lead to extended waiting times for patients for their procedures.	In an attempt to meet the growing demand for this service, the Division is running ad hoc sessions to support a reduction in waiting times for this group of patients.

<p>In the Q2 complaints report, the Division reported that emergencies were affecting elective admissions to the GUCH service and that communication issues around the cancellation of appointments had been resolved. However, complaints for the service have seen a consistent increase from two complaints in Q1 to five in Q2 and 10 in Q3.</p>	<p>There are a number of complaints in Q3 which fall under Cardiology – GUCH, which do not appear to be GUCH service related. Some complaints assigned under Cardiology – GUCH refer to medical records storage, discharge from a ward and written communication following an MRI scan.</p> <p>Of the complaints related to the GUCH service in Q3, two were in respect of long waiting times in the outpatient clinic and two were about the length of time waiting for a procedure, one of which was a PFO (Patent Foramen Ovale) closure. PFO closures are currently funded by NHS England and capacity for this procedure is limited by funding.</p>	<p>The Head of Nursing has discussed this with the Patient Support and Complaints Manager, who has advised that the Division need to notify them of any incorrect departments or categories during the monthly validation of complaints.</p> <p>The Division is working with the commissioning team to increase funding and capacity to undertake PFO closure procedures.</p>
<p>Ward C708 saw an increase in complaints compared to Q2. Two of these complaints were about communication with patients/relatives and there was one each about admissions arrangements, delayed operation, clinical care (nursing) and personal property.</p> <p>Complaints received by this ward are higher than those for other wards in the Division, with six received in Q1, four in Q2 and six in Q3.</p>	<p>Increased numbers of complaints, particularly in Q3, within C708 are consistent with the challenges which the division is currently experiencing in undertaking cardiac surgery. The increase in numbers of complaints corresponds with the increase in the length of time that patients are waiting for their operation and some of these complaints do not directly reflect the patient experience on C708.</p> <p>One of the complaints was a losses and claim request and one related to an outpatient procedure.</p> <p>Of the two complaints which were in respect of clinical care on C708, one related to discharge arrangements and the other was about concerns regarding cleanliness and the attitude of nursing staff.</p>	<p>The Division continues to experience elevated numbers of cancellations or delays to cardiac surgery. The Division is working hard to resolve this and has employed a clinical operational lead to support the patient flow agenda. These challenges will continue into January 2016 as a result of the escalation status of the Trust throughout the month.</p> <p>The Division acknowledges the increased numbers of both formal and informal complaints specifically related to discharge and is implementing a project to address this across 2016/17. This will be monitored through the Division’s operating plan.</p>

Figure 15: Specialised Services – Formal and informal complaints received by Division

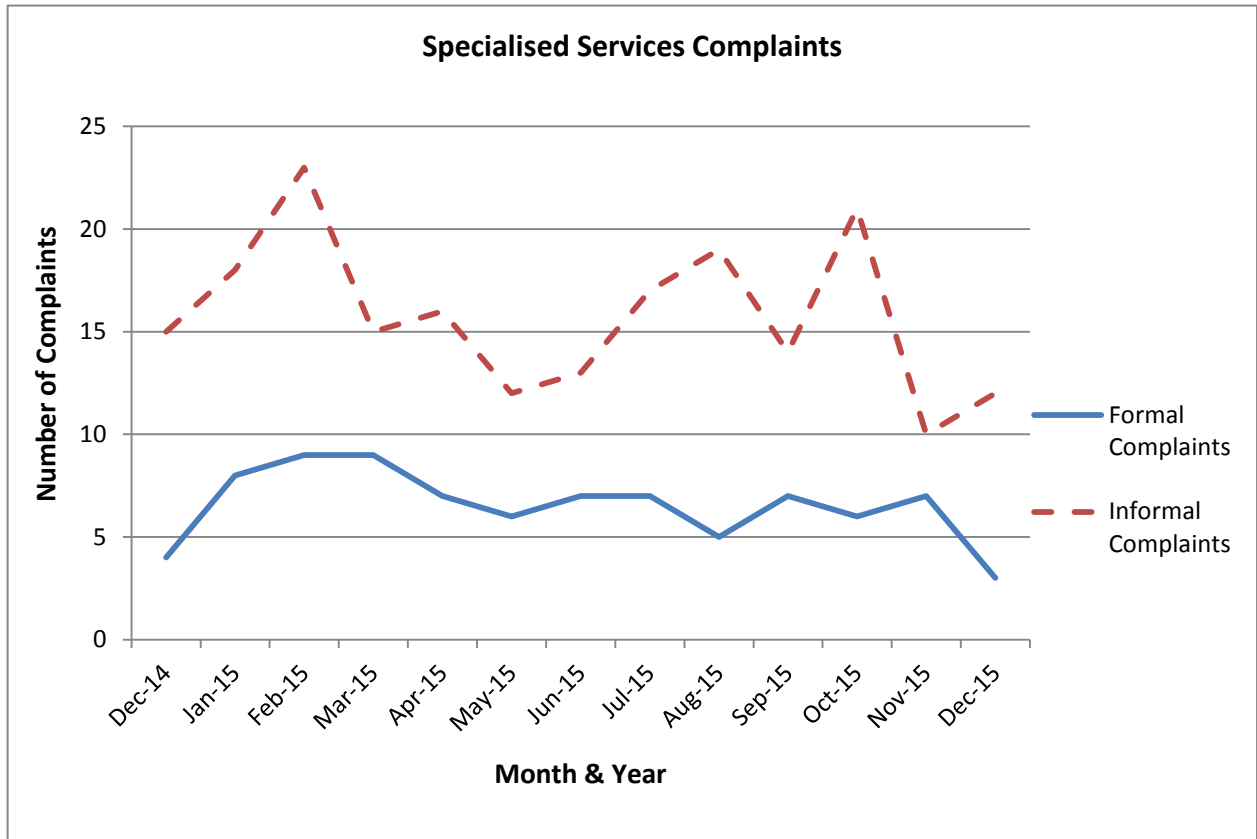
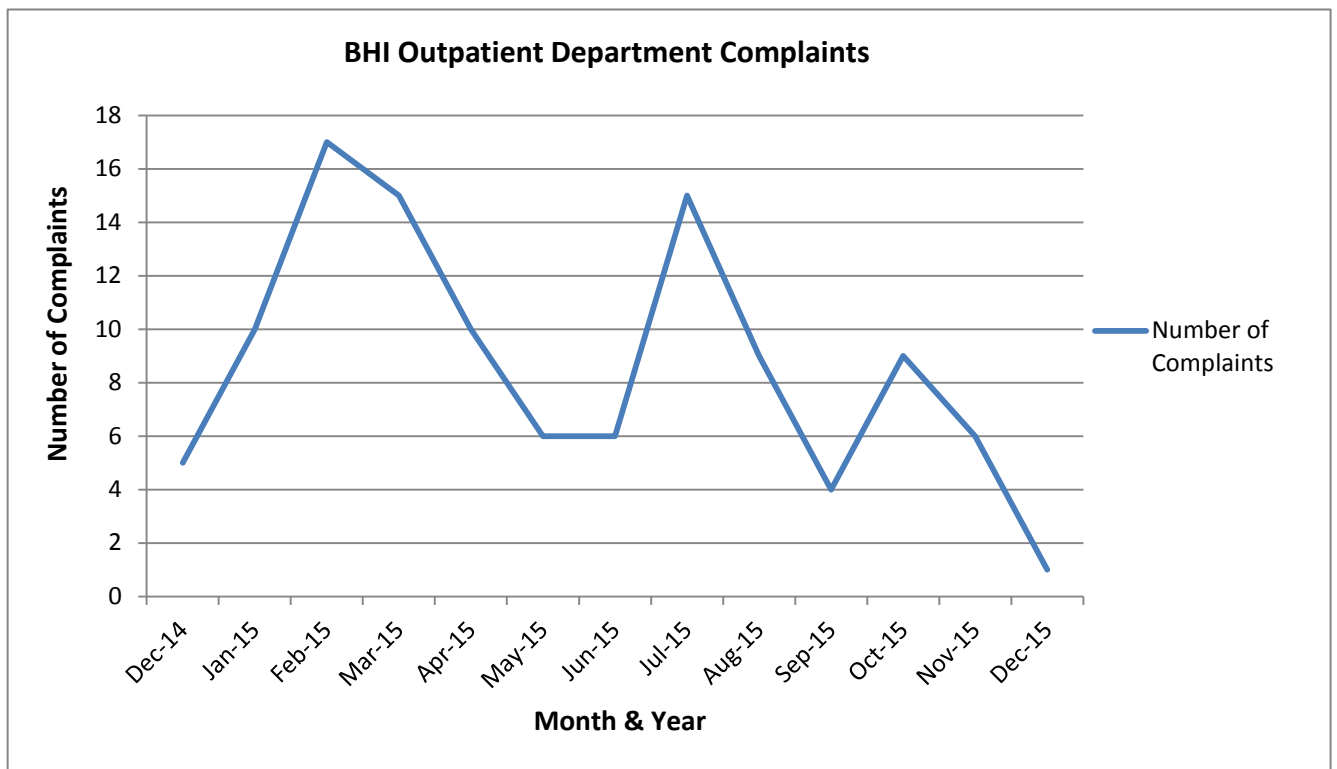


Figure 16: Complaints received by the Outpatient Department at Bristol Heart Institute



3.3.4 Division of Women & Children

Complaints by category type

Category Type	Number and % of complaints received – Q3 2015/16	Number and % of complaints received – Q2 2015/16
Access	0 (0% of total complaints) ↓	1 (1.25% of total complaints) =
Appointments & Admissions	26 (38.8%) ↓	30 (37.5%) ↑
Attitude & Communication	11 (16.4%) ↓	21 (26.3%) ↑
Clinical Care	27 (40.3%) ↑	21 (26.3%) ↓
Facilities & Environment	2 (3%) =	2 (2.5%) ↑
Information & Support	1 (1.5%) ↓	5 (6.3%) ↑
Total	67	80

Top sub-categories

Category	Number of complaints received – Q3 2015/16	Number of complaints received – Q2 2015/16
Cancelled or delayed appointments and operations	19 (24% decrease compared to Q2) ↓	25 (38.9% increase compared to Q1) ↑
Clinical Care (Medical/Surgical)	12 (9.1% increase) ↑	11 (15.4% decrease) ↓
Communication with patient/relative	5 (28.6% decrease) ↓	7 (133.3% increase) ↑
Attitude of Medical Staff	3 (50% decrease) ↓	6 (2% increase) ↑
Attitude of Nursing/Midwifery	2 (33.3% decrease) ↓	3 =
Clinical Care (Nursing/Midwifery)	6 (20% increase) ↑	5 (25% increase) ↑
Failure to answer telephones	1 ↑	0 =

Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
Paediatric Neurology Services received nine complaints in Q3, compared to five in Q2 and three in Q1. Two each of the complaints received were in respect of clinical care (medical/surgical) and cancelled operations. Of the remaining five complaints, one each was about a delayed procedure, a referral error, attitude of medical staff, delayed treatment and lost/delayed test results.	<p>Cancelled operations:</p> <ul style="list-style-type: none"> one was due to the withdrawal of funding for Selective Dorsal Rhizotomy (SDR); two were due to a blood cross-matching failure/ communication between teams. <p>Staff attitude /communication with family (apology given).</p> <p>Clinical care – one compounded by communication issues, both between hospital teams and then each team communicating these decisions to the families.</p>	<p>Communication going out to all families re SDR from the Deputy Divisional Director.</p> <p>All teams have been reminded of the importance of timely communication with families and between hospital teams.</p> <p>Once complaint was withdrawn after the family met with the consultant.</p>

	<p>The second complaint about clinical care involved a whole host of issues along the patient pathway, including the ward stay, discharge summaries and the LIAISE team. It was a complex situation.</p> <p>Delayed results – again due to communication with the family about these results.</p> <p>Delayed treatment – long wait to be seen in the ENT Department.</p>	<p>Consultants to own the results of the investigations they order and ensure they follow up the results with the family.</p>
<p>The number of complaints received by Children’s ED & Ward 39 remained similar to the previous quarter, with two complaints each about the A&E wait and clinical care (medical/surgical). One complaint each was received in respect of attitude of nursing staff, communication (administrative), communication with patients/relatives, clinical care (nursing) and a missed diagnosis.</p> <p>The department received six complaints in Q1, 10 in Q2 and nine in Q3.</p>	<p>Children’s ED saw 36,000 patients in 2014/15, so it is a high volume/turnover clinical area.</p> <p>In 2015/16 YTD, attendances are up by around 10% and admissions are higher, all of which has put additional pressure on the department.</p> <p>There are also gaps in the nursing and medical establishments, meaning that there is a reliance on agency/locums and a high number of newly qualified nurses, reducing the overall skill mix.</p>	<p>Action plans have been produced as indicated on a case by case basis.</p> <p>The Divisional Management team is working on an operating plan for 2016/17 that reflects the increase in activity and anticipates further growth next year. This will enable us to further invest in the service and enable the team to cope with the rising demand in a more timely way.</p>

Figure 17: Women & Children – Formal and informal complaints received by Division

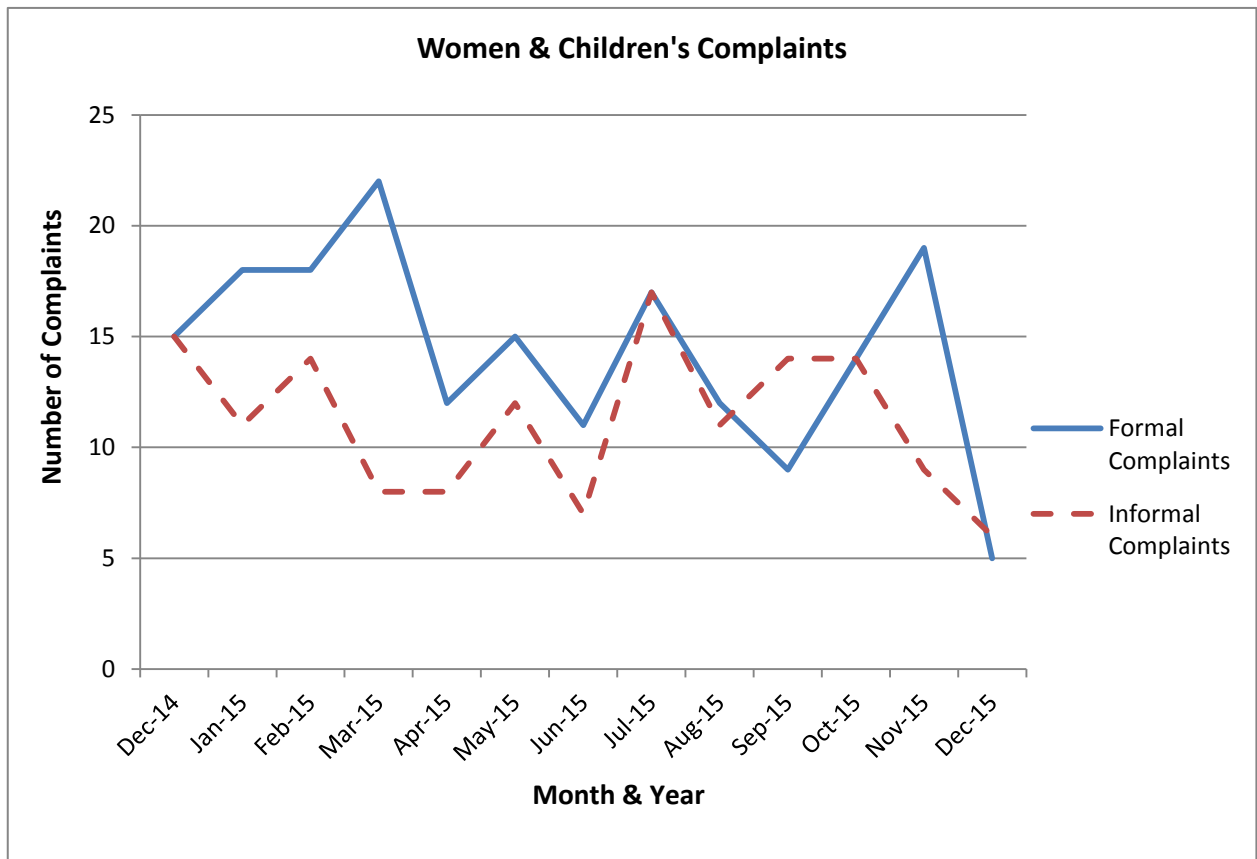
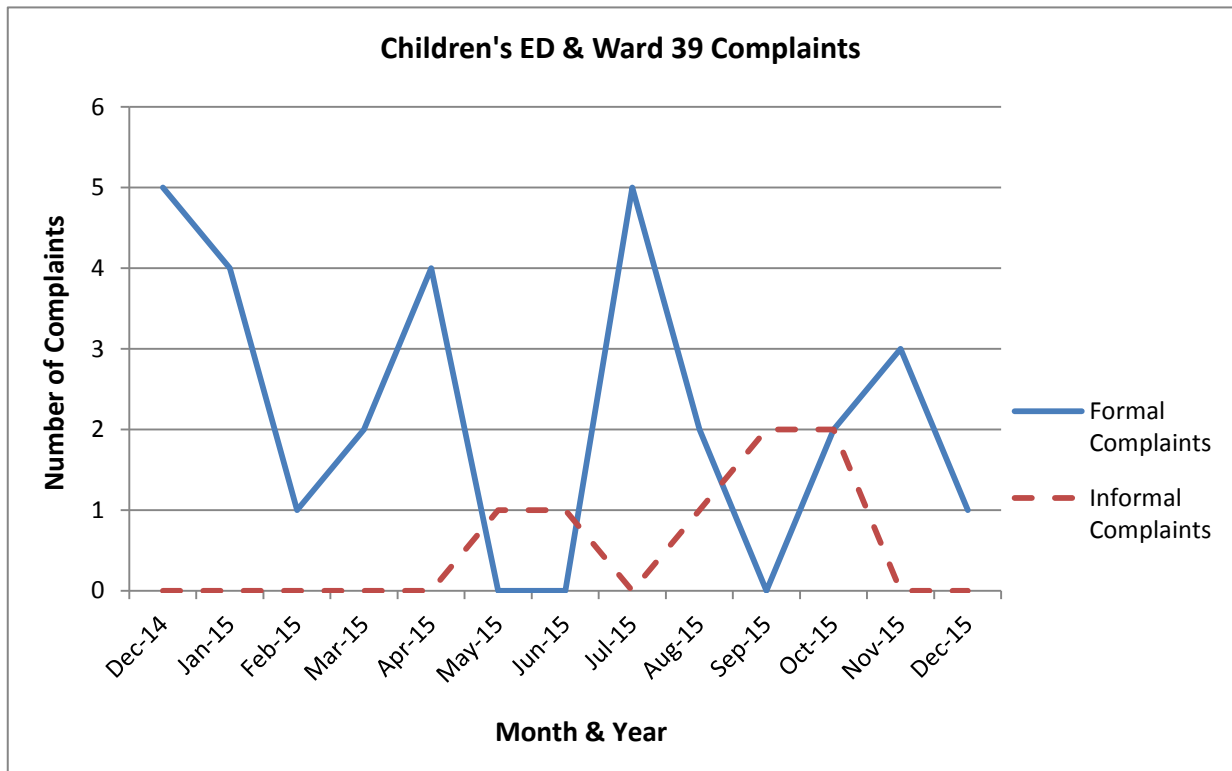


Figure 18: Complaints received by the Children's ED & Ward 39 at Bristol Children's Hospital



3.3.5 Division of Diagnostics & Therapies

Complaints by category type

Category Type	Number and % of complaints received – Q3 2015/16	Number and % of complaints received – Q2 2015/16
Access	0 (0% of total complaints) =	0 (0% of total complaints) ↓
Appointments & Admissions	6 (25%) =	6 (33.3%) ↑
Attitude & Communication	7 (29.2%) ↑	5 (27.8%) =
Clinical Care	8 (33.3%) ↑	7 (38.9%) ↑
Facilities & Environment	2 (8.3%) ↑	0 =
Information & Support	1 (4.2%) ↑	0 ↓
Total	24	18

Top sub-categories

Category	Number of complaints received – Q3 2015/16	Number of complaints received – Q2 2015/16
Cancelled or delayed appointments and operations	4 (33.3% decrease compared to Q2) ↓	6 (20 increase compared to Q1) ↑
Clinical Care (Medical/Surgical)	1 (75% decrease) ↓	4 (100% increase) ↑
Communication with patient/relative	1 (50% decrease) ↓	2 (50% decrease) ↓
Attitude of Medical Staff	1 (50% decrease) ↓	2 (100% increase) ↑
Attitude of Nursing/Midwifery	1 ↑	0 =
Clinical Care (Nursing/Midwifery)	0 =	0 =
Failure to answer telephones	1 ↑	0 =

Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
<p>Radiology Services overall, including x-ray and MRI, received 10 complaints, compared with six in Q2 and three in Q1.</p> <p>Two of the complaints related to attitude and communication.</p>	<p>The first formal complaint regarding attitude and communication was in respect of a patient's appointment for a DEXA scan being discussed with his estranged wife, and the appointment letter being sent in error to the estranged wife's address, causing a breach of confidentiality.</p>	<p>An apology was issued to the complainant and the matter was discussed with the radiology booking clerk involved, who has subsequently been retrained on information governance. The investigation found that the patient's details had not been updated on the system as the referring GP had not provided this updated information as is usually the case. This information has now been updated on the Trust's systems.</p>

<p>Five complaints related to clinical care.</p>	<p>The second formal complaint regarding attitude and communication related to a partially sighted patient who was sent an appointment letter in the wrong size font, despite having previously raised this issue with two other departments within the Trust.</p> <p>The formal complaint regarding clinical care was in respect of a patient who experienced an adverse reaction to the oral preparation they were required to take for a bowel MRI scan.</p> <p>An informal complaint was received about a CT scan report being delayed.</p> <p>A second informal complaint was received in respect of a delayed response from a clinician to queries from an internal referrer who required further information about their patient's scan.</p> <p>An informal complaint was received from a referrer regarding mislaid MRI scan results.</p>	<p>The Radiology Department had an alert on their information system that this patient required information in a large font size. The letter was in a large font size but the accompanying leaflet was not. Unfortunately, the patient did not receive this and when a second letter and leaflet were sent out, they were both in a standard font size.</p> <p>An apology was issued to the patient and booking clerks in the department have been reminded to always meet patient requirements in line with system alerts.</p> <p>The patient subsequently received a copy of the letter and the leaflet in the larger font size.</p> <p>An apology was given to the patient together with an explanation that an adverse reaction is very rare but that in light of the complaint, the department has updated its patient information leaflet advising patients to inform the department if they have previously had any adverse reactions to laxatives. An alert has also been placed on the patient's record.</p> <p>The department was experiencing high volumes of requests at the time and as soon as the report was verified, the results were emailed to the GP.</p> <p>The query had been sent to the clinician by email and had not been picked up. The clinician apologised and has made arrangements to ensure that his secretary can now view his emails.</p> <p>The MRI scan was carried out and reported on the same day that it was requested and the complainant was advised that the results were available on ICE.</p>
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<p>Three complaints related to appointments and admissions.</p>	<p>A further informal complaint was received in respect of delayed x-ray results.</p> <p>The first informal complaint about appointments and admissions related to an MRI appointment letter that had not arrived with the patient, the subsequent DNA (Did Not Attend) letter they received and the delay in the booking clerk returning the patient's call when they contacted the department.</p> <p>The second informal complaint related to a cancelled appointment. When they attended clinic, they were informed that the consultant was sick and they would not be seen for two hours after their appointment time.</p> <p>An informal complaint was received regarding a patient's appointment letter being sent to the wrong address and the patient was subsequently put at the bottom of the waiting list.</p>	<p>The x-ray was carried out on 22/10/2015 and the patient enquired about the results seven days later. They were advised that the target date for results was 10 working days. The x-ray was reported on day 11, one day beyond the target date.</p> <p>The address on the letter was correct but the letter did not arrive. Apologies were given to the patient for the non-delivery of the letter and the subsequent DNA letter they received. The booking clerk was reminded of the need to return all calls in a timely manner.</p> <p>Due to staff sickness, the patient's appointment had to be moved at short notice and the covering clinician was late arriving at clinic. An apology and explanation was given to the patient.</p> <p>The patient received an apology for the incorrect information on the hospital system, which was subsequently updated. An earlier appointment was offered and accepted by the patient.</p>
<p>There were five complaints received in respect of Pharmacy services, compared with two in Q2 and three in Q1.</p> <p>One complaint related to clinical care.</p>	<p>The formal complaint related to a delay in the patient receiving their medication and the attitude of a member of staff from the service that delivers medication to patients' homes.</p>	<p>The department apologised to the patient for the failure by their contracted provider to deliver their medication within the timescales requested by the clinician. The provider's account manager was asked to investigate and feedback at the next monitoring meeting.</p>

<p>Two complaints were in respect of facilities and environment.</p>	<p>One formal complaint and one informal complaint were received regarding the closure of the BEH pharmacy and a lack of clarity regarding the prescription options available to patients.</p>	<p>Apologies and explanations were provided to the patients involved. It was explained that the trust had outsourced outpatient prescriptions to Boots so that the BEH pharmacy could concentrate on inpatient and discharge prescriptions.</p>
<p>One complaint was received regarding information and support.</p>	<p>This complaint related to the complainant thinking that they could bring their own prescriptions into the Boots pharmacy.</p>	<p>The options available were explained to the patients and the department will be refreshing the information available in the outpatient areas so that these options are clear to all patients.</p> <p>The Director of Pharmacy telephoned the complainant to discuss their concerns and explained how the arrangement with the Boots pharmacy is set up and managed.</p>

Figure 19: Diagnostics & Therapies – Formal and informal complaints received by Division

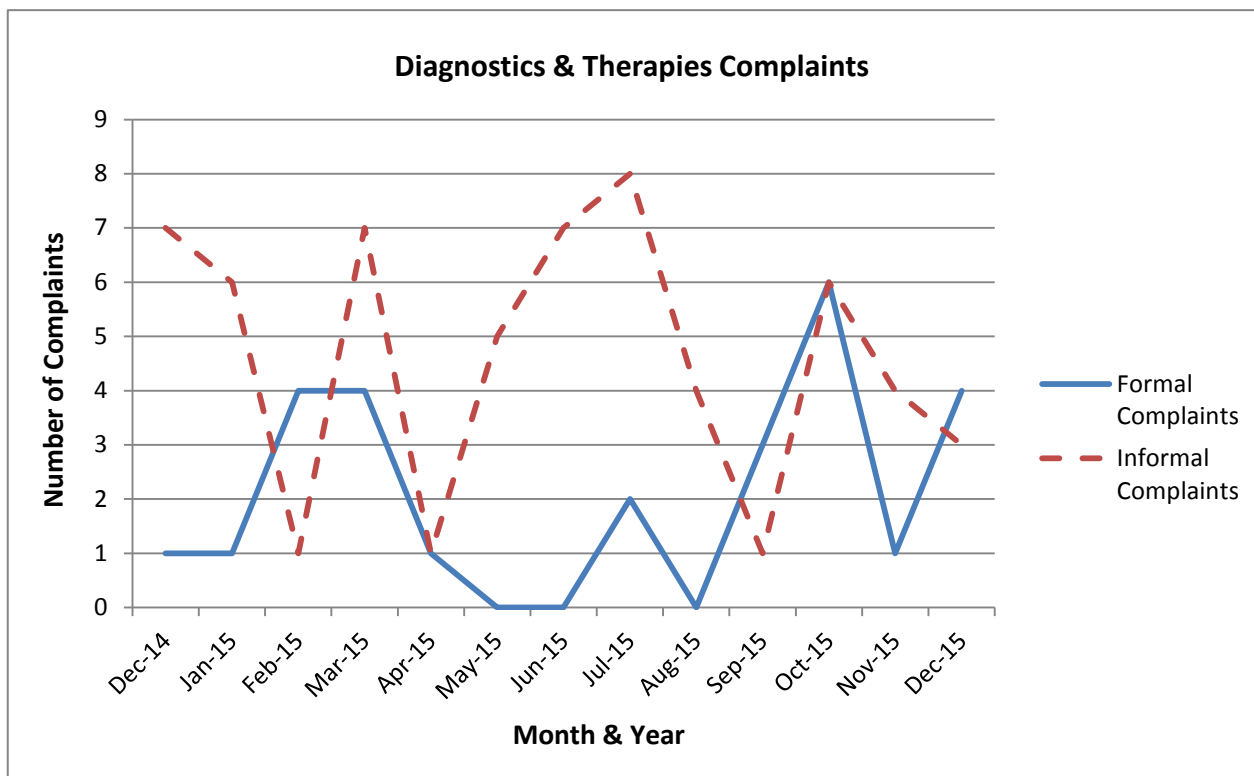
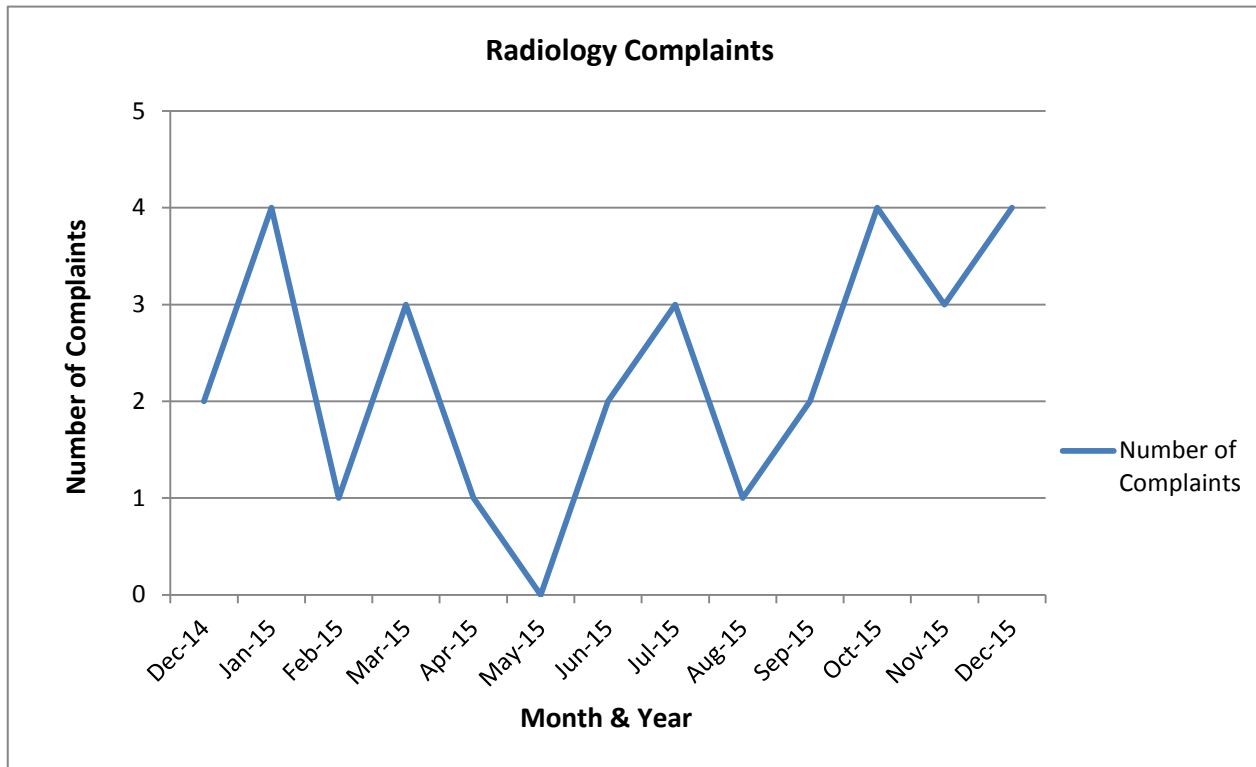


Figure 20: Complaints received by the Radiology (Trustwide)



3.4 Complaints by hospital site

Of those complaints with an identifiable site, the breakdown by hospital is as follows:

Hospital/Site	Number and % of complaints received – Q3 2015/16	Number and % of complaints received – Q2 2015/16
Bristol Royal Infirmary (BRI)	196 (43.8% of total complaints) ↓	225 (40.2% of total complaints) ↑
Bristol Eye Hospital (BEH)	49 (11%) ↓	57 (10.2%) ↓
Bristol Dental Hospital BDH)	31 (7%) ↓	41 (7.3%) ↑
St Michael’s Hospital (STMH)	31 (7%) ↓	66 (11.8%) ↑
Bristol Heart Institute (BHI)	52 (11.7%) =	52 (9.3%) ↑
Bristol Haematology & Oncology Centre (BHOC)	17 (3.8%) ↓	29 (5.2%) ↑
Bristol Royal Hospital for Children (BRHC)	55 (12.3%) ↓	64 (11.4%) ↑
South Bristol Community Hospital (SBCH)	15 (3.4%) ↓	26 (4.6%) ↑
Total	446	560

The table below breaks this information down further, showing the complaints rate as a percentage of patient activity for each site and whether the number of complaints a hospital site receives is broadly in line with its proportion of attendances. For example, in Q3, St Michael’s Hospital accounted for 10.22% of the total attendances and received 7% of all complaints.

Site	No. of complaints	No. of attendances	Complaints rate	Proportion of all attendances	Proportion of all complaints
BRI	196	59,641	0.33%	30.4%	43.9%
BEH	49	31,301	0.16%	15.94%	11.0%
BDH	31	21,872	0.14%	11.14%	7.0%
STMH	31	20,069	0.15%	10.22%	7.0%
BHI	52	4,849	1.07%	2.47%	11.7%
BHOC	17	18,346	0.09%	9.34%	3.8%
BRHC	55	32,830	0.17%	16.72%	12.3%
SBCH	15	7,491	0.20%	3.81%	3.4%
TOTAL	446	196,399	0.23%		

This analysis shows that the Bristol Royal Infirmary and Bristol Heart Institute receive the highest rates of complaints and that they both receive a disproportionately high volume of complaints compared to their share of patient activity.

3.5 Complaints responded to within agreed timescale

All of the clinical Divisions reported breaches in Quarter 3, totaling 65 breaches, which represents a significant increase on the 23 reported in Q2. There were also four breaches by the Division of Facilities & Estates and one breach by the Division of Trust Services, which are not included in the table below, making a total of 70 breaches for Q3.

	Q3 2015/16	Q2 2015/16	Q1 2015/16	Q4 2014/15
Surgery Head and Neck	16 (31.4%)	12 (22.6%)	9 (12.9%)	8 (11.6%)
Medicine	18 (48.6%)	3 (8.8%)	9 (20%)	5 (14.7%)
Specialised Services	8 (36.4%)	6 (30%)	2 (11.1%)	1 (5.6%)
Women and Children	21 (65.6%)	2 (5.1%)	7 (17.1%)	11 (23.9%)
Diagnostics & Therapies	2 (22.2%)	0 (0%)	1 (10%)	0 (0%)
All	65 breaches	23 breaches	28 breaches	25 breaches

(So, as an example, there were 18 breaches of timescale in the Division of Medicine in Q3, which constituted 48.6% of the complaints responses that had been due in that Division in Q3.)

Breaches of timescale were caused either by late receipt of final draft responses from Divisions which did not allow adequate time for Executive review and sign-off, delays in processing by the Patient Support and Complaints team, or by delays during the sign-off process itself. Sources of delay are shown in the table below.

	Source of delays (Q3, 2015/2016)			Totals
	Division	Patient Support and Complaints Team	Executive sign-off	
Surgery Head and Neck	13	2	1	16
Medicine	13	5	0	18
Specialised Services	8	0	0	8
Women and Children	19	1	1	21
Diagnostics & Therapies	2	0	0	2
All	55 breaches	8 breaches	2 breaches	65

The majority of divisional delays have resulted from increased scrutiny of draft responses. The majority of responses were prepared by Divisions within the agreed timescale (136 out of 161 responses or 84.5%), however the need for significant changes/improvements following executive review led to 65 cases breaching the deadline by which they were sent to the complainant.

This report includes information about the length of time by which each breached case exceeded its due date and whether any of those cases had been extended but still breached the deadline. The following table provides this information in respect of the 65 cases which breached the agreed deadline in Q3. The number of days is shown as total days, rather than working days, as this is the delay that the complainant will have experienced.

Date originally agreed with complainant	Date deadline extended to	Date response posted to complainant	Number of days deadline breached by
14/08/2015	25/09/2015 & 23/10/2015	28/10/2015	5 days
28/08/2015	18/09/2015, 28/09/2015, 05/10/2015 & 09/10/2015	26/10/2015	17 days
10/09/2015	08/10/2015	21/10/2015	13 days
15/09/2015	20/10/2015	21/10/2015	1 day
30/09/2015	12/10/2015 & 23/10/2015	27/10/2015	4 days
02/10/2015	08/10/2015	12/10/2015	4 days
02/10/2015	10/10/2015	15/10/2015	3 days
05/10/2015	N/A	21/10/2015	16 days
05/10/2015	N/A	30/10/2015	25 days
06/10/2015	20/10/2015	30/10/2015	10 days
08/10/2015	N/A	28/10/2015	20 days
08/10/2015	N/A	15/10/2015	7 days
09/10/2015	N/A	12/10/2015	3 days
12/10/2015	N/A	14/10/2015	2 days
13/10/2015	26/10/2015	27/10/2015	1 day
13/10/2015	N/A	15/10/2015	2 days
16/10/2015	N/A	21/10/2015	5 days
20/10/2015	N/A	26/10/2015	6 days
20/10/2015	N/A	21/10/2015	1 day
20/10/2015	26/10/2015 & 17/11/2015	25/11/2015	8 days
23/10/2015	N/A	26/10/2015	3 days
28/10/2015	N/A	30/10/2015	2 days
28/10/2015	30/10/2015 & 23/11/2015	27/11/2015	4 days
30/10/2015	05/11/2015 & 06/11/2015	10/11/2015	4 days
03/11/2015	N/A	09/11/2015	6 days
04/11/2015	N/A	09/11/2015	5 days
06/11/2015	N/A	09/11/2015	3 days
06/11/2015	16/11/2015, 27/11/2015, 21/12/2015, 08/01/2016 & 18/01/2016	Still outstanding	
06/11/2015	N/A	09/11/2015	3 days
09/11/2015	N/A	27/11/2015	18 days
26/11/2015	N/A	02/12/2015	6 days
12/11/2015	N/A	16/11/2015	4 days
12/11/2015	16/11/2015, 04/12/2015 & 10/12/2015	15/12/2015	5 days
13/11/2015	N/A	16/11/2015	3 days
16/11/2015	N/A	18/11/2015	2 days
18/11/2015	14/12/2015 & 21/12/2015	22/12/2015	1 day
18/11/2015	14/12/2015	30/12/2015	16 days
23/11/2015	08/12/2015	15/12/2015	7 days
25/11/2015	N/A	02/12/2015	7 days
03/12/2015	N/A – awaiting consent	08/01/2016	36 days
03/12/2015	11/12/2015	31/12/2015	20 days

08/12/2015	15/12/2015 & 18/12/2015	23/12/2015	5 days
08/12/2015	N/A	23/12/2015	15 days
09/12/2015	N/A	30/12/2015	21 days
09/12/2015	N/A	10/12/2015	1 day
09/12/2015	N/A	14/12/2015	5 days
10/12/2015	N/A	23/12/2015	13 days
10/12/2015	N/A	15/12/2015	5 days
11/12/2015	18/12/2015	04/01/2016	17 days
11/12/2015	N/A	23/12/2015	12 days
14/12/2015	N/A	17/12/2015	3 days
14/12/2015	N/A	30/12/2015	16 days
14/12/2015	23/12/2015	24/12/2015	1 day
15/12/2015	N/A	06/01/2016	22 days
15/12/2015	31/12/2015	04/01/2016	4 days
16/12/2015	N/A	07/01/2016	22 days
17/12/2015	N/A	31/12/2015	14 days
21/12/2015	N/A	23/12/2015	2 days
22/12/2015	N/A	24/12/2015	2 days
22/12/2015	N/A	23/12/2015	1 day
23/12/2015	N/A	07/01/2016	15 days
24/12/2015	N/A	30/12/2015	6 days
24/12/2015	N/A	30/12/2015	6 days
30/12/2015	N/A	31/12/2015	1 day
30/12/2015	N/A	31/12/2015	1 day

The average (mean) delay was 8 days, the median was 5 days and the range was 1- 36 days. Ongoing actions previously agreed via Patient Experience Group:

- The Patient Support and Complaints Team continue to monitor response letters to ensure that all aspects of each complaint have been fully addressed.
- All response letters, as well as being checked by the individual caseworker, are now also checked by the Patient Support & Complaints Manager, prior to being sent to the Executives for final sign-off.
- A random selection of two or three draft responses per week are also sent to the Head of Quality (Patient Experience and Clinical Effectiveness) for an additional level of checking prior to Executive sign-off.
- Response letter cover sheets are sent to Executive Directors with each letter to be signed off. This includes details of who investigated the complaint, who drafted the letter and who at senior divisional level signed it off as ready to be sent. The Executive signing the responses can then make direct contact with these members of staff should they need to query any of the content of the response.
- Training on investigating complaints and writing response letters has been delivered to at least one group from each Division. The training delivered so far has been well received, with positive feedback from attendees. Improvements have been made to the training based on feedback received.
- The Patient Support & Complaints Manager is in the process of reviewing the process around the checking and signing off of response letters and, as part of this review, will draft a new Standard Operating Procedure (SOP) to cover this process. The review will look at timescales for the various parts of the process, along with a review of the practical steps involved in the checking and signing of the response letters.
- The Patient Support & Complaints Team Manager and Deputy Manager are devising a new training package aimed specifically at how to write a good response letter.
- With effect from 18th January 2016, 7 working days are now allowed for the sign off process to take place, which should reduce the number of breached deadlines which occur when amendments are required to response letters. The overall deadline remains at a standard of 30 working days, but the Divisions must now ensure that the response arrives with the Patient Support and Complaints Team at least seven working days before that (previously four working days).

3.6 Number of dissatisfied complainants

As reported in Section 1 of this report, the way in which the Trust reports the number of complainants telling us that they were unhappy with our investigation of their concerns changed with effect from Q1. In Q3, a total of 161 responses were sent out. By the cut-off point of 15th January 2016 (the date on which the complaints data for December was finalised) 10 people had contacted us to say that they were dissatisfied with our response. This represents 6.2% of the responses issued during that period, compared to 6.7% in Q2.

Training on investigating complaints and writing response letters has now been delivered to at least one group of senior staff/management from all Divisions. Dates have been confirmed for further sessions for other staff requesting the training in each Division. The training delivered so far has been well received, with positive feedback from attendees.

3. Information, advice and support

In addition to dealing with complaints, the Patient Support and Complaints Team is also responsible for providing patients, relatives and carers with the help and support including:

- Non-clinical information and advice;
- A contact point for patients who wish to feedback a compliment or general information about the Trust's services;
- Support for patients with additional support needs and their families/carers; and
- Signposting to other services and organisations.

In Q3, the team dealt with 153 such enquiries, compared to 138 in Q2. These enquiries can be categorised as:

- 104 requests for advice and information (74 in Q2)
- 41 compliments (57 in Q2)
- 8 requests for support (7 in Q2)

The table below shows a breakdown of the 112 requests for advice, information and support dealt with by the team in Q3.

Category	Number of Enquiries
Hospital Information Request	20
Information about Patient	15
Medical Records Enquiries	6
Bereavement Support	2
Clinical Information Request	7
Benefits and Social Care	4
Appointment Enquiries	2
Accommodation Enquiry	5
Wayfinding	3
Complaints Handling	7
Clinical Care	12
Car Parking	1
Emotional Support	7
Freedom of Information Request	2
Signposting	6
Personal Property	1
Attitude and Communication Staff	8
Premises/Environment	2
Organ Retention	1
Mortuary Arrangements	1
Total	112

4. Acknowledgement of complaints by the Patient Support & Complaints Team

One of the Key Performance Indicators (KPIs) that the Patient Support & Complaints Team is measured against is the length of time between receipt of a complaint and sending an acknowledgement.

The Complaints and Concerns Policy states that when the Patient Support & Complaints Team reviews a complaint following receipt: a risk assessment will be carried out; agreement will be reached with the complainant about how we will proceed with their complaint and a timescale for doing so; the appropriate paperwork will be produced and sent to the Divisional Complaints Coordinator for investigation; an acknowledgment letter confirming how the complaint will be managed will be sent to the complainant. In line with the NHS Complaints Procedure (2009), the Trust's policy states that this review will take place within three working days of receipt of written complaints (including emails), or within two working days of receipt of verbal complaints (including PSCT voicemail).

In Q3, 194 complaints were received verbally and 252 were received in writing. Of the 194 verbal complaints, 171 (88.1%) were acknowledged within two working days. Of the remaining 23 cases, 22 were all acknowledged within five days. The remaining case was not acknowledged on time as, due to human error, the case was not correctly logged by the Patient Support and Complaints Team. The patient accepted the team's sincere apologies when he was contacted and his concerns were fully addressed.

Of the 252 written complaints, 225 (89.3%) were acknowledged within three working days. All of the remaining 27 cases were acknowledged within four working days.

Delays in acknowledging both verbal and written complaints were due to a backlog in the Patient Support and Complaints Team due to staff sickness.

5. PHSO cases

During Q3, the Trust has been advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in five new complaints (compared to three in Q 2 and three in Q1) as follows:

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
15464	JR	LM-J	10/04/2014	BHI	Ward C708	Specialised Services
Contacted by PHSO in October 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. In January 2016, the PHSO provided the Trust with their draft report advising that they do not intend to uphold the complaint and asking for our comments. These comments have been sent to the PHSO and we are currently awaiting their final report.						
18420	MK		31/03/2015	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Contacted by PHSO in October 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Currently awaiting further contact from PHSO regarding their investigation.						
16474		CM	05/08/2014	BRI	Ward A604	Surgery, Head & Neck
Contacted by PHSO in October 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Currently awaiting further contact from PHSO regarding their investigation.						
17400	NM	KT	26/11/2014	BHOC	Ward D603	Specialised Services
Contacted by PHSO in October 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Currently awaiting further contact from PHSO regarding their investigation.						

16977	LG	KG	30/09/2014	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Contacted by PHSO in October 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Currently awaiting further contact from PHSO regarding their investigation.						

The following cases are currently the subject of ongoing investigations with the PHSO:

17584	LT	CT	19/12/2014	BRI	Trauma & Orthopaedics	Surgery, Head & Neck
Draft report received from PHSO in January 2016, advising that they have decided to partially uphold the complaint and giving the Trust the opportunity make any further comments. We did not wish to make any further comments and we are awaiting the PHSO's final report following any comments from the						
17173	DF	DJ	29/10/2014	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Contacted by PHSO in September 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Currently awaiting further contact from PHSO regarding their investigation.						
12124 & 11500		SM	21/11/2012 & 13/08/2012	BRI & BHI	Urology & Cardiology (GUCH)	Surgery, Head & Neck & Specialised Services
Received PHSO's draft report advising that their provisional decision is to partially uphold the complaint, subject to any further comments from the Trust and from the complainant. We have confirmed that we have no further comments to make and we are awaiting the PHSO's final report.						
15952	KH	JH	09/06/2014	BRI	Ward 11	Medicine
Contacted by PHSO in June 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Advised PHSO that some issues complainant raised with them had not previously been raised with the Trust. PHSO advised Trust in July 2015 that the case is currently waiting to be allocated to an investigator. Advised by PHSO on 11/01/2016 that they will be sending us a further request for information.						
15213	WE	VE	10/03/2014	BHOC	Chemotherapy Outpatients	Specialised Services
Copy of complaint file, correspondence and medical records sent to PHSO. Received further request from PHSO for patient's oncology records, which were sent to them in August 2015. Trust's comments on PHSO's draft report sent 19/11/2015. Currently awaiting PHSO's final report and outcome.						

The following cases were closed during Q3:

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
16120	CL	LW	30/06/2014	BHI	Coronary Care Unit (CCU)	Specialised Services
PHSO's final report received 23/12/2015 – they have decided not to uphold the complaint. Division advised accordingly.						
17608	JR	AH	19/12/2014	BRI	Ward A604	Surgery, Head & Neck
PHSO's final report received 26/11/2015 – they have decided not to uphold the complaint. Division advised accordingly.						

6.1 Learning from Upheld PHSO Complaints

Although no complaints were upheld during Q3, it is intended that learning from any fully or partially upheld PHSO complaints will be shared in this report going forward.

6. Protected Characteristics

The Quarterly Complaints Report includes statistics relating to the Protected Characteristics of patients who have made a complaint. The areas recorded are age, ethnic group, gender, religion and civil status.

The Patient Support and Complaints Team continues to work hard to ensure that as much of this information as possible is gathered from patients, in order to reduce the numbers reported in each category as “unknown”.

It should be noted that these statistics relate to the **patient** and not the complainant (if someone else has complained on their behalf).

Since first reporting on protected characteristics in Q3 of 2015/15, the data has remained fairly consistent with the percentages of patients within each age range, ethnicity, religious affiliation, civil status and gender being largely similar in each quarter.

7.1 Age

Age Group	Number of Complaints Received – Q3 2015/16
0-15	77
16-24	30
25-29	16
30-34	22
35-39	19
40-44	18
45-49	29
50-54	22
55-59	33
60-64	27
65+	153
Total Complaints	446

7.2 Ethnic Group

Ethnic Group	Number of Complaints Received – Q3 2015/16
African or British African	1
Asian or Asian British - Bangladeshi	1
Asian or Asian British – Pakistani	1
Black Or Black British - African	2
Black Or Black British - Caribbean	6
Mixed - Any Other Mixed Background	2
Mixed – White and Asian	2
Mixed - White And Black African	1
Mixed - White And Black Caribbean	7
White - British	303
White – Irish	1
White - Any Other White Background	9
Any Other Ethnic Group	19
Not Collected At This Time	44
Not Stated/Given	47
Total Complaints	446

7.3 Religion

Religion	(Christian denomination)	Number of Complaints Received – Q3 2015/16
Christian	Anglican	2
	Baptist	3
	'Christian'	21
	Church of England	158
	Methodist	9
	Protestant	3
	Roman Catholic	21
	United Reform	2
	<i>(Total Christian)</i>	<i>(219)</i>
Atheist		5
Buddhist		3
Muslim		7
No Religious Affiliation		101
Sikh		2
Unknown		109
Total Complaints		446

7.4 Civil Status

Civil Status	Number of Complaints Received – Q3 2015/16
Co-habiting	17
Divorced/Dissolved Civil Partnership	21
Married/Civil Partnership	174
Separated	3
Single	123
Widowed/Surviving Civil Partner	25
Unknown	83
Total Complaints	446

7.5 Gender

Of the 446 complaints received in Q3 2015/16, 249 (56%) of the patients involved were female and 197 (44%) were male.